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LECTURES ON VEGETABLE CHEMISTRY,

BY

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Delivered at the Royal Institution of Great Britain.

LECTURE XLIV.

You are now, Gentlemen, in possession of the history of the *simple*, or *elementary substances*, and of other mutual combinations, as far as they can be presented to you by art, or are presented by Nature in the mineral kingdom. In the part of the course already gone through, the most material facts have been related respecting the progress of experimental chemistry generally, and these facts, especially connected with the main reasonings of the science, have been more or less touched upon. It remains now that we should show how these elementary substances combine in the organic part of the creation, that is to say, in vegetable and animal substances; what are their component parts; and the properties of their proximate compounds.

On entering upon *vegetable chemistry*, it will not be improper to give you a brief account of the structure of vegetables, in order that you may understand the manner in which the different products are elaborated, the elements which Nature employs in their construction or constitution, and how these are arranged, so as to form the infinitely varied products of the vegetable kingdom. Although the number of vegetable productions is so immense, there exists a general analogy between them; and although, as individuals, they are infinitely diversified in structure, character, habitudes, and propensities, yet taken as a class, there is a similarity between them which must strike even the uninformed mind.

If you examine the external structure of a full-grown plant, you will observe that the essential organs of which it consists, are the root, the stem, subdivided into branches, and these again bearing leaves and flowers; and if you examine with the aid of the microscope the more minute structures of the different plants, you will find that there is a similar arrangement of bearing among them. For example, the *roots* are employed for the purpose of attaching the plant to the soil proper for its growth, and in that case are the main instruments of nutrition; they take up from the soil such substances as are requisite for the nutrition of the vegetable. In structure they closely resemble the stem, of which they may be regarded as the continuation. The *stem* of a full-grown plant exhibits upon its transverse section several different parts. You will find in the interior a medullary sort of substance, which is soft, and to which the name *pith* has been given; that this is surrounded by woody fibres of different density; and then, that there is a a layer yet more external, to which we have given the name of *bark*, which is covered by a membranous sort of structure, that has been called *cuticle*, and it has been compared, and perhaps not improperly, to the cuticle of animals. In some plants it is of a very great delicacy; it is very thin and transparent, and may be compared to that modification of the cuticle which covers the eye; in other plants it is much more thick, and may be compared to those parts of the cuticle which cover the feet and hands. With respect to the cuticle of plants, you will find three general varieties, and others which are well worth the notice of the vegetable anatomist. You will, perhaps, have remarked, that upon the currant, the elder, and some other trees, it gradually peels off, and is succeeded by a fresh layer; that upon certain parts, as on the leaves of some plants, it is covered with a delicate hair-like or fibrous structure; on the leaves of the willow, it has a silvery or silky appearance; on the nettle, it is covered with little bristles, which are perforated, and contain a poisonous matter. In the plumb, it is covered with a resinous exudation, by which the lodgement of moisture on this fruit is prevented. In some trees it is very thick and fungous, as in the cork tree; and in others it is siliceous, as you see in several of the

common varieties of cane, in which the exterior cuticle contains siliceous earth, and if you strike two pieces of these canes together, you will cause light to be emitted, as if you struck together two pieces of flint. Now, the bark lies immediately under the cuticle; but in the delicate branches of trees, and more especially in young vegetables, you find under the cuticle a layer called *cellular substance*. It appears made up of a great number of fine fibres, arranged into hexagonal cells, usually containing a liquid; it is the seat of colour, which you know is usually green, the tint so common to the vegetable kingdom. Having removed the cuticle and cellular substance underneath, which has been compared to the *rete mucosum* in animals, you come next to the *bark*, which, in a growing or young tree, consists of two parts, of an outer, or the cortical layer, and of an inner layer, or the liber; this is not easily shown in dry specimens; but if you examine the parts when growing, you will have no difficulty in seeing it. This inner layer of the bark (showing a specimen) is the most important part of the plant; it is here that the principal functions of the vegetable are carried on; the secretions are here performed; the resinous qualities of the Peruvian bark, and the astringency of the oak bark are centred in this structure, which is called the *liber*, and it is from this that the new layer of wood is annually secreted. It is connected to the exterior layer by a number of transverse fibres.

Next to the bark comes the *wood*, which in growing vegetables is divided into two parts, the *alburnum* or *sap-wood*, and the interior portion or the *heart-wood*. Generally speaking, the interior portion has become dead, and is a mere mechanical support to the tree; but in the outer part, the alburnum, important functions are carried on. Under the microscope, vegetables exhibit a beautiful appearance; they exhibit a great collection of tubes of different kinds, and in this sketch, which represents a magnified section of the leaf of the aloe, (showing it to the class,) you will see the fibres running in different directions, some longitudinally, some transversely, and others taking a spiral course, and there can be no doubt that they contain a great number of fluids; that these fluids circulate, and that different substances are secreted by them. With regard to the spiral tubes, you may divide the leaf into two parts with a pen-knife, and draw these tubes out a considerable length, showing their number and management; and in the leaf of the hyacinth, and in other succulent plants, this arrangement of parts is easily seen. The leaves of plants, when examined by a microscope, exhibit the same appearances as the wood and other parts. One sees a series of tubes beautifully arranged and connected with each other; that there is a quantity of cellular structure spread out on a fibrous or woody frame-work, and that the whole is covered by cuticle, which is very delicate, so as to admit of the action of the light upon the upper surface, and to allow of respiration on the under surface of the leaf. If you place a leaf between two plates of glass, and hold it toward the light, you will observe the arrangement I have mentioned. The fact is, that the various fluids which circulate in the leaf are exposed to the action of the light and air, they then throw off substances hurtful to the vegetable, and absorb other matters necessary for its nutrition. That the leaves do absorb, is shown very easily, by placing a drooping plant in a damp cellar, or in a situation where the air contains moisture, you will see that the plant soon returns to its healthy or original state, in consequence of the moisture absorbed by the leaves. We have nothing to do here with the particular arrangements of the flowers of plants, in which the organs of generation are placed, and some of the most important functions of the vegetables carried on; nor with the particular periods in which the different matters are elaborated in particular plants; nor with the singular propensities of flowers when submitted to the influence of certain agencies, some opening, and, when exposed to the sun, others closing, and being odorous only at night; others again emitting odour only during the day. All these subjects, abounding as they do with interest to the naturalist, must be passed over in the present course, since they would interfere with its more particular objects.

The *stem* of a plant is similar in its arrangement of vessels, to that pointed out in the leaves; it exhibits a beautiful series of vessels ramifying on a woody network, covered by a cuticle so fine, that it often requires great delicacy to remove it. Now, with respect to the woody texture, it may separated by certain chemical agents from the other parts of the plant; the cellular texture, cuticle and fluids, may be taken away, and the woody fibres only left. (Specimens of parts of vegetable thus prepared were sent round.)

The only remaining part of the plant which we have to notice, is the *seed*; and with regard to it, you will find that it consists of three parts. The bulk of the seed is made up of a substance intended for the nourishment of the young plant, and is called *cotyledon*; it gradually dies away as vegetation goes on, and you cannot take a better instance, by way of illustration, than the common garden bean. If you divide the external membrane, you will separate it easily into two parts; and if you examine

that part called the eye of the bean, you will see that there is a small projecting substance which developes itself the first, when the bean grows; it then becomes the root, and is hence called the *radicle*; whilst between it and the cotyledon is the germ of the young plant called the *plumula*; this is the part which afterwards produces the stem and leaves. [A diagram of these parts was shown.] These parts are all covered by an investing membrane. We have some plants containing four or six, or more, cotyleda; some, only one, as is the case with the common wheat, and these are called monocotyledous plants; those containing two, dicotyledous, those containing three, tricotyledous, and so on.

Now, when a seed is placed under favourable circumstances, it begins to *germinate*; and if this lecture were upon vegetable anatomy, or vegetable physiology, exclusively, one might enter upon some very interesting facts in connexion with these subjects, and show that seeds will retain their germinative faculty for many thousand years, and so on; but the limits assigned to us, in the present course, do not allow of such digression. When you sow a seed, and place it under favourable circumstances, it begins to swell, and the consequence is that it bursts its external membrane; the radicle begins to shoot downwards, and to throw out little ramifications, which ultimately become the perfect root; and the plumula, rising upwards, expands itself, throws out a stem, and ultimately flowers. The cotyleda, which appear to have been, during this process, inert, rise up as two leaves, which are very important for the protection of the young plant. You find, during this time, that there is a number of vessels shooting through the cotyleda, which are connected with the radicle and plumula at this junction; these are the absorbent vessels, which, in the young plant, take up the nutritious matter from the soil; and when the plant has put forth its leaves, the cotyleda become useless, as the young plant is then capable of abstracting sufficient nutriment from the atmosphere, and which, with what is abstracted from the soil, is sufficient for the future existence of the plant. The cotyleda then rot away.

These changes take place when the seed is exposed to favourable circumstances. A due *temperature* is necessary for the production of these phenomena; a few seeds, it is true, will germinate under the freezing point, but, generally speaking, not; a due degree of temperature is therefore necessary. The temperature most favourable for germination, is that between 40° and 80° of Fahrenheit; and within the range of these temperatures, it generally takes place. *Moisture* is absolutely requisite; so much so, that without it the seed will remain inactive. It generally derives this moisture from the soil; but if not, it is necessary to impart it artificially. *Air* is also required; and although the access of air to the seed is imperfect, because the seed is buried in the soil, yet it does require the access of air; and therefore you find, that if the seed be buried too deeply in a tenacious earth, it will lie there for ages inactive; and if you turn up the ground, you will find, in a few days, that the seed will germinate; and it has been said that during germination, the cotyledon absorbs a certain quantity of oxygen, and gives out a certain quantity of carbonic acid gas. Generally speaking, the cotyledon contains a material of a mucilaginous or starchy nature; and during germination, a certain amount of saccharine matter is produced, which, with the mucilage, appears to contribute to the nutriment of the young plant. That saccharine matter is produced by germination, is familiar to you in the art of malt-making. You find, therefore, that *moisture*, *air*, and a *due temperature*, are certain requisites for vegetation; and you find that they should be present in due proportions, and should co-operate for the healthy growth of the vegetable. So much for the *structure* and *functions* of the different parts of the plant.

We come now to the consideration of the *circulation of the sap* in plants, and of the manner in which the parts we have mentioned co-operate in the elaboration of their various products.

The roots, which are thrown out, absorb a certain quantity of matter from the earth, and convey it upwards for the nutrition of the vegetable; it is carried by the roots into the vessels, and principally through the alburnum; this fluid is called the *sap*. These vessels carrying, as they do, a transparent and almost tasteless liquid, pass upwards and send off branches, which enter the leaves; and it is in the leaves that the principal functions of the plant are carried on; then it is that the sap is concocted, as the botanists call it, or the crude sap is then converted into a true sap, or the *succus proprius* of the vegetable. The vessels, after having ramified on the leaf, again descend through the *liber*, or inner layer of the bark; so that you have a set of vessels ascending from the roots through the alburnum to the leaves, and a set of vessels descending from the leaves through the liber, conveying the sap downwards. Moisture is generally given out by the leaves; sometimes it is absorbed; sometimes a portion of carbonic acid gas is given out, and oxygen absorbed; at other times it is absorbed, and oxygen is given out. If you take an aquatic vegetable during the action of the sun upon its leaves, you will see that there are myriads of little

globules of air upon its surface; if you carefully collect these, you will find that they contain air much purer than the atmospheric air, that is to say, it contains more oxygen; and, in this respect, plants are just the reverse of animals; the plants give out oxygen, and animals carbonic acid. Dr. Priestley conceived that the products of the vegetable kingdom were the great renovators of the atmosphere; and that as animals were continually giving out carbonic acid, so vegetables were continually giving out oxygen; although this is true to a certain degree, it is not so to the extent he imagined. This subject will, however, be considered more fully hereafter, when upon the respiration of animals. The sap having been concocted in the leaves, descends in the vessels of the inner bark, and it is there that the substances peculiar to the plant, as the gums, the gum resins, the balsams, &c., are secreted. That this is not an imaginary history of the circulation, but that the sap does take the course we have just described, may be proved by the practice of *ringing* trees as it is called. If a gardener has a tree that is sterile, he finds that, by cutting off a certain portion of the bark in the proper season of the year, these branches will bear fruit. On examining this cut surface more particularly, it is found that there is an exudation from the upper surface of the gummy and resinous substances peculiar to the vegetable; whilst, from the lower, there is an exudation only of crude sap; and as there will be an accumulation of sap in that branch, its produce of leaves, flowers, and fruit, is often remarkably increased by this operation.

Now, as most plants have their leaves annually renewed, you will find that there is a layer of wood deposited each year, which may be distinguished by its colour and density from those of the preceding years. [A piece of wood was shown, in which this operation had been performed.] Now, if you divide the alburnum only, you will find that the exudation will take place only from the lower surface of the wound, and the sap is furnished by some vegetables in sufficient quantity for the purposes of chemical examination. It has been found to consist, principally, of water, with some saline substances in solution; small quantities of vegetable matter which undergo a change in the leaves, are returned in the vessels of the alburnum, by which a new layer of wood is deposited, and this process goes on every spring in the same manner. It has been a question why the sap ascends in one set of vessels and descends in others? But we can only answer here, as in many other cases, that it is so, although we know not why. There are some plants which admit of being inverted; if you turn the root upwards, and put the fine branches into the ground, the roots will put forth leaves, and all the functions of the plant will be perfectly performed; so that there is no doubt that there are several mechanical agencies concerned, and that temperature, and other causes, assist the circulation of the sap.

Heat is generated in the living plant, and this we cannot wonder at, when we consider that chemical changes are going on. The principal nutriment of plants is, as I have already said, from the soil; but the leaves take up from the air various substances, which are necessary for their nutrition, and it is known that plants, with a large system of leaves, impoverish the soil less than those plants which have a small number of leaves, because they take up a greater part of their nutriment from the air. We know that plants impoverish the soil, and that the soil requires to be left fallow, or to be manured, and these manures may consist of animal, vegetable, or mineral matters. The best *manure*, probably, is that in which animal and vegetable matters are mixed together; it is found that the animal matters putrify and liberate certain substances, which, with the decomposed vegetable substances, become converted into the supply of the plant. The placing of vegetable matter in the soil does not constitute it a manure; hence, when you plough in for a green crop, it is the business of the agriculturist to present his manure to the vegetable in that state in which it shall be more likely to be taken up by the new plant. Now, as many of the products, elaborated during the decomposition of animal and vegetable matters, are exceedingly useful to the growing plants, and, in fact, constitute some of their more immediate principles, you see the great error so often committed, namely, that of applying the manures after the decomposition has taken place. You have, no doubt, seen that the manures are suffered to lie in heaps, and as their vegetable products, used in stables and other places where animals are confined, are highly impregnated with animal matter, as fermentation goes on, heat is generated in the mass, ammonia, carbonic acid, carbonetted hydrogen, and other matters are thrown out, and the black liquor which oozes out, containing a great quantity of valuable matter, runs to waste, and thus the soil is much impoverished. But, of late, agriculturists have begun to open their eyes to this subject, and have saved this liquor in drains for manuring. Mineral manures act in a different way, and may be subdivided into two classes; into those which, by their chemical action, decompose animal and vegetable substances, which, as manures, were before inert; and into such as become directly absorbed, and tend to

contribute to the healthy growth of the plant. *Quick lime* is of the first kind; it forms a sort of soapy compound with the vegetable matter, and turns it into that state in which it will be absorbed by the growing plant; it absorbs carbonic acid from the atmosphere, and becomes converted into chalk, of itself frequently a valuable addition to the soil. This shows the value of applying the lime when recent, and in moderate quantity, to the soil; and if it could be strewed on the soil immediately as it is taken from the kiln, so as so be mixed with the vegetable matter intended to be destroyed, the effect would be still better, since the principal object with which the lime is employed is lost by allowing it to remain in heaps. Some limestone contains magnesia, and as such does not slack and absorb carbonic acid; it remains always caustic, and so destroys the young plants; and many crops were in this way destroyed before the cause was discovered. It has been said, that *gypsum* has been sometimes found a good manure; and salt has been very much extolled; I believe that a great deal more has been said of it than it deserves; it certainly destroys insects, but I do not believe what has been said of its value. We are not to infer that because a manure is found to be useful on one soil in a certain climate, that it shall prove equally useful in others; experience must direct us in this particular.

This, then, is a brief epitome of what we know of the structure and functions of plants. Now, the next question is, of what are vegetables composed? What are the *elements* which nature employs in their *constitution*? Here you will be struck with their extreme paucity. Carbon is the chief ingredient, oxygen and hydrogen are generally added, and some nitrogen; and if you state these, you have stated the most important of their elementary principles.—There are minute portions of other matters, but they appear rather adventitious than essential; accordingly, if you come to the analysis of vegetable matters, be they what they may, whether you examine the narcotic plants, or that peculiar exudation from the poppy, opium, or the concrete juice of the sugar-cane, or gum, or starch, or what else; however materially these vegetable products may differ from each other, in what may be called their proximate component parts, their ultimate elements are very few. If you subject a vegetable matter to destructive distillation, you merely obtain those substances which may be generated by the union of the elements I have adverted to; and supposing these to be carbon, oxygen, hydrogen, and nitrogen, you may have a great variety of compounds; you may have carbonic oxide, carbonic acid, carburetted hydrogen, water, oil, wax, resin, gum, sugar, starch, acetic acid, cyanogen, hydrocyanic acid, nitric acid, ammonia, carbonate of ammonia, nitrate of ammonia, acetate of ammonia, and so on. You will have a great number of compounds resulting from the peculiar combinations of these elements, but as acids, the principal are the acetic or vinegar; the hydrocyanic, or prussic acid, and nitric acid, may be procured. So freely is the acetic acid furnished by vegetable matters, that we are now principally supplied with this acid from that source. When vegetables are submitted to destructive distillation, there comes over at first a quantity of gaseous matter, which may consist of any of the substances named. Finding these substances produced, the old chemists thought that vegetables were composed of oil, water, and air, not knowing that the elements of which the vegetables were composed were capable of affording, under the influence of heat, such a great variety of proximate or secondary products as I have enumerated. Of late, chemists have attempted, not to determine what substances are thus produced, but in what proportions carbon, hydrogen, oxygen, and nitrogen are combined in the different substances, and this is the most accurate way of arriving at it, and indeed it has already taught us a good deal of the ultimate constituents of vegetable matters in general.

In the next lecture I shall briefly state the processes by which this knowledge of the ultimate constituent of vegetable matters is most accurately obtained.

FOREIGN DEPARTMENT.

On the Diseases which are observed in Egypt, and on the actual state of Medicine in Arabia.

BY DR. EHRENBERG.*

THE physicians whom Drs. Ehrenberg and Hemprich met with in their travels to Cairo, Suez, Damietta, Syria, and Arabia, only presented a glimmering of the knowledge which existed formerly in those parts; they appeared conscious of their ignorance in the presence of the European travellers, and had no idea of the nature or treatment of diseases. The Canon of Avicenna is still their oracle. The most modern work on their art is that of David. In order to become a physician, it is necessary to make several copies of these works, and to learn

* Hecker's Litter. Annal. der gesammten Heilkunde; Janv. 1827, p. 1.

them by heart. Bleeding, scarifications, application of cupping glasses, and circumcision, are the common surgical operations performed. Monks sometimes undertake amputations and castration. Dislocations are often left to themselves after unsuccessful attempts to effect their reduction; fractures are seldom united. Penetrating wounds from fire-arms are at first washed and cleaned with wine; then twenty or thirty threads, smeared with some kind of balsam, are introduced in the same manner as a seton; each day the threads are changed, and the number is gradually diminished by the subtraction of one thread at each dressing; the removal of the thread promotes the exit of pus, foreign bodies, and splinters from the wound. The patient is generally cured at the end of twelve or fifteen days, and fistulous openings seldom remain.

In inflammatory diseases, the medicines employed internally, are cream of tartar, nitre, grains of succory, leaves of rosemary, tamarinds; and the means used externally are cupping glasses, and scarifications with a razor; in ophthalmia, antimony is given during the inflammatory stage, and this treatment appears to be one of the causes of the great number of blind in this country. In bilious diseases, which the Arab physicians only recognize by the yellow tint of the body, tongue, or eyes, scammony, fruits of several kinds of *terminalia* and *phyllanthus emblica* are given. Anchusa is, with them, a specific. In dropsy, scarifications and cautery are employed; drastic purges are also given, with diuretics. In diseases affecting the mucous membranes, such as catarrh, &c., small doses of ipecacuanha, sage, tea, grains of paradise, and cardamom, liecvite, and sebestin (fruits of *cordia myxa*) are used. In dysentery, grains of *rhus coriaria* are employed. Assafœtida, and the root of the *cyperus fuscus*, with a small fruit of undetermined origin, called *mahleb*, *ischæmum schenanthus*, mixed with flour, are considered the best medicines for abdominal diseases.

Arabian physicians recognise, moreover,

1st,—Diseases of the skin, which they treat with purgatives, emollient applications, and baths. Frictions of butter and sulphur, or verdigris, are used in the itch; pressed grapes of Corinth are employed in elephantiasis; no cure is known for leprosy; the properties of myrrh, in malignant ulcers, are not known, although it is indigenous in Arabia. The warm baths of Birket Faraun, on the Red Sea, are said to have cured several obstinate diseases.

2nd,—Worm diseases, in which senna and other purgatives are made use of, but without any great success.

3d,—Syphilitic diseases, which are treated with sarsaparilla, and a kind of wood which comes from India, and called Chinese wood.

In diseases of the eyes, washes of dilute vinegar, zinc, vitriol, and saturnine water, and very frequently crude antimony, with the pulverised grain of the *canis Abas*, are used. When the inflammation is very violent, scarifications are resorted to. The physicians are generally druggists; they are not respected, and their art is by no means lucrative. The diseases little known to Drs. Ehrenberg and Hemprich, which they observed in Egypt, were—1st, an eruption called *hydroa æstivum Ægyptiacum*. Small miliary pustules, filled with serum, and appearing on the skin; these dry, and are followed by a fresh eruption, but not attended with any constitutional derangement, accompanied with a troublesome itching. This eruption manifests itself every year, at the overflowing of the Nile, among the Franks, Turks, and Arabs, whilst the Nubians, Dongolians, and Negroes are free from it. In children and persons who have a tender epidermis, the pustules run into each other, and are filled with pus, but they leave no marks after them. After the inundations this disease disappears.

2nd,—Erysipelas of the scrotum in mariners. (*Intertrigo scrotalis navium.*) The skin of the scrotum is greatly inflamed, painful, and sometimes relaxed; its whole surface secretes a puriform matter; the disease disappears on landing, but instantly returns when the patient is on ship-board. The Arabs suffer from it less than the Franks.

3d,—Acute diseases of the knee-joint. According to some accounts, this rheumatic affection sometimes prevails epidemically in Egypt and Arabia; in Alexandria it is supposed to be contagious; it soon manifests itself by pain in the knee, which increases on pressure; gastric fever generally comes on. The disease usually lasts but nine days, and a relapse seldom occurs.—Dr. Hemprich was affected with it in a slight degree.

4th,—Rheumatic ophthalmia of Egypt is very frequent among the inhabitants. The affection of the eyes first shows itself in a slight redness of the conjunctiva, with a sense of weight on the eye; on the next day the pressure is less, but the eye cannot support the light, and the conjunctiva is completely tinged with red, and inflammatory pulse: there is very often sneezing and want of appetite; one eye is generally worse than another; sometimes one alone is affected.

On the third day, if the disease be not checked, the conjunctiva is of a varicose appearance; the edges of the lids are rather œdematous, and glued together by a viscid mucus. A flow of tears escapes when this mucus is removed by water or warm milk;

the lids remain open only when they are kept separate.

In the last stage of the disease, the conjunctiva becomes spongy and swollen to such a degree that the lids cannot close. The cornea is deeply situated in the middle of this mass, and seldom becomes affected; vision does not suffer.

In some, this disease sometimes terminates very unfavourably. The transparent cornea is sometimes affected, and vision is lost. In some the inflammation gradually disappears, the globe of the eye either wastes away, or preserves its usual size. In others, the inflammation passes to the chronic state, and becomes very obstinate; there sometimes only remains an insupportable pain at the bottom of the eye, without much alteration externally. The state of convalescence is long, when the disease has been violent; vertigo, and pain in the head, when it is bent forwards, and imperfect vision, often remain after the disappearance of the redness of the eye.

The two European travellers could not discover that the disease was contagious; and the miasmatical character, which it assumed at the time of the French expedition, appeared to be accidental. M. Ehrenberg is not aware of any symptom which distinguishes the ophthalmia of Egypt, from the common rheumatic ophthalmia; but the following difference exists in the ophthalmia of Europe, and that of Egypt: viz. that the former principally attacks the lids, whilst the globe of the eye chiefly suffers in the latter; dust, heat, putrid emanations, irritation of the eye by light reflected on planes of white sand, &c., are not, as is commonly said, the principal causes of the ophthalmia of Egypt; this complaint is produced by the changes of temperature and the state of atmosphere.

STRICTURES ON THE CONDUCT OF THE PROFESSOR OF CLINICAL MEDICINE AT THE HOTEL DIEU, PARIS.

We are glad to find, that there has been established in Paris a journal, the object of which is to record the cases of interest as they occur in the Parisian hospitals, to exercise an active surveillance on the medical officers of these establishments, and to give abstracts of the lectures of the most distinguished teachers in that metropolis – the three leading features by which THE LANCET rose into notice in this country, and obtained that ascendancy which it now possesses.

The journal is called *La Clinique*, and is published three times a week on a fly sheet. In the number for the sixth of May, we find the following account of the manner in which the professor of clinical medicine, M. Recamier, at the Hotel Dieu, discharges the important duties attached to that office.

"For the last eight or ten months, we have seen the professor commence his visit sometimes at six, at seven, more frequently from eight to nine, often at ten, and sometimes even at eleven o'clock, and all these variations, as to time, occurring in the space of fifteen days! His clinical lectures are as uncertain as his visits; he commences a course, suspends it, resumes it, and then breaks it off for whole months. Since the 14th of April, the course has recommenced; the professor never arrives at the hospital until half past nine, just at the moment when the time for visiting the hospitals is expired, and when the students are obliged to attend the lectures delivered at the *Faculté*, or by their private teachers. The chair, then, of clinical medicine, at this hospital, is really vacant.

"It is with great regret, and in violence to our feelings, that we have given utterance to these observations. The character (private, we suppose) of the professor, is generally held in high estimation; his talents are good, and his information extensive and profound; and although there exists between us a difference of opinion on several questions, we wish to be amongst the foremost to recognise the light which he has spread on a number of obscure pathological points."

HYDATID OF THE LIVER.*

A man, thirty-four years of age, was recently admitted into the Hotel Dieu, under the care of Professor Recamier, with a tumour of eighteen months' standing, in the region of the right lobe of the liver. The tumour had gradually increased in size, and, at present, occupies the whole of the right hypochoridium. There is no pain whatever on pressure; the complaint produces no disturbance in the principal functions of the economy, and its principal inconvenience is that of preventing the patient from pursuing his ordinary occupations.

In another case, of somewhat the same nature, which Professor Recamier had under his care last year, he made an opening in the tumour with a trocar, by which a liquid, containing hydatids, was evacuated. The opening was healed up, and the fluid allowed again to accumulate; and when the swelling had again become prominent, caustic potass was applied to the parietes of the tumour and the cyst, for the purpose of producing adhesion between the cyst and the parietes, and establishing a communication between the interior of the cyst, and the

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* La Clinique, May 6, 1828.

external wound. A considerable number of hydatids was evacuated; after which a quantity of water, sufficient to fill entirely the sac, was injected; the external wound was then dressed, and the parts gradually healed. In this way, a complete cure was effected.

The present case afforded a good opportunity for repeating the mode of treatment which had succeeded so well in the other patient. On the 22d of April, a puncture was made with a trocar, and hydatids were evacuated; and, on the 29th, the caustic potass was applied. The result of the case was not known when these particulars were published.

CÆSARIAN OPERATIONS.*

In a recent number of Siebold's journal, there is an account of an unsuccessful case of Cæsarian operation, performed for the second time on the same person, after the lapse of four years. A hint has been thrown out whether, during the performance of the Cæsarian operation, it would not be advisable to pass a ligature round each fallopian tube, to prevent future impregnation. In Germany, where the Cæsarian operation is far from being unfrequent; and where cases of impregnation, after the operation, have also occurred, the suggestion is worthy of a consideration; and, indeed might, we think, without materially increasing the danger of the operation, be carried into execution.

In the same journal, there is an account of two other cases of Cæsarian operation. In the one, the life of the mother and child was preserved; in the other, both perished.

Our readers will, perhaps, be surprised, at the frequency of the Cæsarian operation in Germany; but this circumstance arises from a consideration, (now sanctioned, if not first engendered, by legal enactment,) that the life of the child should not be sacrificed, even with the fair prospect in view of saving the life of the mother. In this country, and in France, a more rational view is taken of the subject; and however painful it may be to the feelings to destroy the life of the child, the mischief is considered less serious in its consequences than the destruction, (or we ought perhaps rather to say,) the probable destruction, of the mother.

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* Journal der Geburt's huelfe. B. 8. S. t. 1.

Case of Hydrophobia, in which the Birling Mixture was administered without benefit.

By Henry Pout, Esq., Galding, Kent.

In the following recent case of Hydrophobia be considered worthy a place in The Lancet, I shall feel obliged by its being inserted. I have simply stated facts as they occurred, without comment, together with the appearances on dissection, which may, perhaps, recal the attention of others to this frightful disorder, and, possibly, ultimate good may be obtained.

Thomas Roff, aged 13, the son of a labouring man, was driving a hoop along the public road in the adjoining parish of Nettlestead, on the evening of the 18th March, 1828. The hoop fell, and on his attempting to pick it up, whilst in the act of stooping, a dog, which he had not before observed, flew at him and bit him in the cheek. The wound produced by the bite was a very severe one, being quite through, and extending the whole way down the cheek into the mouth, and it was very much lacerated in different directions. I first saw the boy about two hours after the bite, and from the extent of the wound, finding it was impossible to excise it, I merely sponged the wound well with warm water, and afterwards applying two sutures, dressed it in the usual manner with adhesive plaster, feeling confident at the time, that if the dog was rabid, no hopes could be entertained. Poultices were occasionally applied over the plaster; the discharge from the wound was considerable, and of a healthy appearance; on the 10th day the boy was bled to ʒviij, (pursuant to the directions given by the vender of the Birling medicine, hereafter to be spoken of,) and in a fortnight the wound healed, leaving a very small cicatrix, considering the extent of the wound.

From this time, until Friday the 16th of May following, he continued well, but, for three or four days previously, had complained of tenderness at the bitten part, and was unable to eat on that side; his appetite had continued good, but there had been an increased thirst for two days, which he attributed to the heat of the weather. On the evening of the 16th, after working in the fields during the day, he complained that he could eat no supper, having a slight pain in the chest, which was scarcely noticed by his friends. He passed a restless night, as I learnt from a young man who slept with him, who, in the course of the night, without suspecting the nature of his complaint, inquired if he was crying, supposing that to be the case from the occasional convulsive way in which he breathed, but he answered "No," and said that he was very well. The

following morning, the pain in the chest appeared to increase; he said he could take no breakfast, not even a little tea. A lady living opposite, hearing that he was unwell, mixed some rhubarb and sent to him, which he refused to take, saying, he could not drink.

I was then sent for, and saw him about half past eleven o'clock, A.M. on Saturday the 17th; he was sitting in a chair as far from the door as he could get, saying that he could not bear the air. On my entering the room I found him very calm, but I did not at first address myself to him, that he might not be affected by it; I then approached him, and inquired how he did? He smiled, and replied in rather a hurried manner, that he was very well; his pulse was 120; his tongue whitish; the pupils of his eyes considerably dilated, and his countenance appeared rather anxious; the muscles of deglutition and respiration were convulsed by any thing sudden, as was the case when my father entered the room a few minutes after myself; he said he could not drink, as his throat was sore, which we examined, but saw no unhealthy appearance; I then offered him the rhubarb which stood near, he immediately turned from it, was very much convulsed, and exclaimed, as soon as he could recover sufficient breath, "I can't drink it;" the mere mention of drink called forth the same exclamations from him, which was sometimes uttered with greater vehemence than at others; then he appeared determined to take it, but on its approaching his lips, he again became convulsed, stamped with his foot, exclaiming, "I can't." After repeated entreaties, however, he took a tea-spoonful of cold tea, but which he only partially swallowed in a very hurried manner, convulsions being immediately produced; he was also prevailed on to eat a mouthful of tart, which had the same effect. I then blew suddenly in his face, which seemed to occasion the greatest uneasiness, the convulsive paroxysm being much more violent, and as soon as he was somewhat recovered, he said quickly, "I can't bear that, it takes away my breath."

The treatment which I adopted was as follows:—I cupped him on each side of the spine, and afterwards applied a blister two-thirds of its length; in addition to which, my father gave him ext. hyoscyam. gr. iij. in a piece of tart, and repeated it three hours after in a piece of plum-cake.

On my first visit I continued with him about two hours, during which time the symptoms appeared to increase slowly, but gradually. Half past seven o'clock, P.M. all the symptoms were increased; pulse 128, and tremulous; tongue rather more white; his countenance much more wild. I remained with him until it became dark, when he walked up stairs tolerably well by taking hold of my hand, and seated himself opposite the open window; I asked him if he felt too much air, and he said, No, he did not mind it much. I continued by him for half an hour, during which time he appeared rather more composed; I then blew very gently in his face whilst standing up, that he might suppose the air proceeded from the window, when he started in the same convulsive manner as before, and as soon as he was able said, "I can't bear that; must have the window shut;" he then moved to the further corner of the room, where he continued when I left him, at nine o'clock in the evening. In two hours I again visited him; on my first entering the room, I immediately perceived the symptoms were aggravated; his pulse, sometimes much quicker for a few strokes, was at about 128, but varied so much, that I could seldom make it agree twice; his skin was hot; his skin wet from perspiration; his countenance expressive of great uneasiness; the intervals between the paroxysms much shorter, the least occurrence reproducing them, particularly the admission of any light from the candle, which was often done inadvertently by touching the bed-curtains. He remained in nearly the same state till about one o'clock, when we left the house for a few minutes, and on our return, hearing a great bustle in the room, inquired the cause, and was told that his father had just returned from Birling, with a fresh supply of medicine, and that they were attempting to give him the first tea-cupful, which was ordered to be taken every half hour, until the whole was gone, about four times that quantity. I considered it almost impossible for him to take so much at a time, but inquired whether he would if I administered it, and he immediately said he would; he then appeared to summon all the resolution he was master of, and seemed prepared; I then took the teapot into which the medicine was put, and offered it to him; it was very thick, and on my shaking it to prevent its depositing, he would frequently turn his head away and become strongly convulsed; at another time he would not appear to mind my agitating the liquid, but on my attempting to convey it to his lips, he would cry out, "Stop, not yet, let me get my breath first," and again the convulsions were renewed; ten or fifteen minutes elapsed in this way, when he said with great firmness, "I'll say that I will take it, and I will," and then seizing the teapot suddenly with both his hands, he conveyed it to his mouth, from which he never removed it until he had swallowed the whole quantity; he was then instantly very much convulsed, his efforts resembling a person retching violently, but striving to suppress it, and a somewhat similar noise

was occasioned; he said it gave him severe pain in the chest, and every now and then in the midst of his sufferings he exclaimed, "It wants to come up—won't let it;" each time I had less difficulty in prevailing on him to drink his medicine, and then followed a remission of symptoms; he became more tranquil, the paroxysms being less frequent; approached the candle without being much disturbed; went down stairs, and soon into the garden, where he had a dark bilious stool; on my going out, he said he would accompany me, and taking hold of my hand, walked a few steps down the road, when a current of air meeting us, he stopped suddenly, turned round, and said convulsively, "Can't stand that, must go in;" during this cessation of violent symptoms, a cold clammy perspiration had come on; his pulse sunk to 96; and he appeared to get gradually weaker; in a short time, however, the pulse quickened; his face became warmer, and he relapsed into his former state of excitement, which was increasing slowly when I left him, at six o'clock in the morning, on Sunday the 18th.

At eleven o'clock, A.M. I again saw him; he had now passed two nights and a day without obtaining the least rest; the greatest weariness and anxiety was depicted in his countenance; the utmost care was necessary on approaching, and more particularly on addressing him, as he was greatly distressed if I only breathed gently upon him. His pulse had fallen to 100, but was as variable as before; his face was pale, but warm; tongue white; the convulsions recurring at least every five minutes, and much oftener if any one happened to speak or move near him; his bowels had acted three times since I last saw him; the motions dark-coloured. At twelve o'clock it again became necessary to give him his medicine, which he swallowed in the same hurried manner, without so much hesitation as he had evinced previously, but followed by precisely the same distressing effects.

At four o'clock in the afternoon I found him infinitely worse, so much so, that it is impossible to give an adequate description of his sufferings; he was so excessively irritable, that the least movement of any one in the room caused the most violent agitation; there was scarcely a minute between the paroxysms, which were increased beyond description. I was obliged to keep a handkerchief constantly before my mouth when standing by him, and then he would often avert his head quickly, crying out vehemently, "Don't blow." There was a dreadful wildness about the eyes, which seemed starting from their sockets; vision much impaired; his pulse so exceedingly quick, that it was impossible to count it, indeed he would not suffer me to hold his hand scarcely a second for that purpose. He was supporting himself in bed, as he could not lie down, by putting his arms behind him; and on requesting to look under the tongue, as I had done before, to see if any pustule had made its appearance, he would open his mouth very wide, immediately throw his head back, and the strongest convulsions would then come on; his tongue was forced as far out of the mouth as possible; a peculiar loud noise was occasioned by the convulsive way in which the air was expelled from the lungs; in this state he would continue, without any cessation, for two minutes, and terminate by his hawking up a frothy saliva, which adhered to the mouth very much; he would then, perhaps, get only a momentary respite, but during that short pause, he generally said something, showing that his intellectual faculties continued undiminished. This violent state continuing about two hours, nature appeared no longer able to support it; the symptoms gradually diminished; he turned on his face; the noise which he before made gradually ceased; his pulse faltered, until he at last expired without a struggle, about eight o'clock in the evening of the 18th of May.

Examination of the Body.

An incision was made on each side of the spinous processes of the vertebræ, so as to expose the whole of the medulla spinalis, when the following appearances presented themselves:—From the medulla oblongata to the 3d cervical vertebra, there was considerable adhesion between the theca vertebralis and bony parietes of the canal; from the 3d to the 5th, a gelatinous deposite was seen on the surface of the theca; and from the last cervical to the 7th dorsal vertebra still thicker deposite, mixed with grumous blood, which to the view very much resembled pus.—In the substance of the brain, dark points of blood were seen; the fluid in the ventricles small in quantity; the choroid plexuses very dark: no other apparent alteration.—The larynx, pharynx, the trachea, and the bronchi to their division in the lungs, presented a highly inflammatory appearance. Slight patches of inflammation were found in the small intestines. The parts not mentioned exhibited no particular appearances.

Several medical friends were extremely kind in joining me as soon as they heard of the case. A consultation was held; and each individual was ready to suggest various modes of treatment; but hearing that the boy had, from the time that he was bitten, been taking the medicine sold at Birling, in this county, and said to be a specific; and

also learning that it was the wish of his relations, who placed the most implicit confidence in it, they at once banished all prejudice from their minds, and came to the conclusion, that a fair trial should now be given it. Happy should I be to speak in praise, rather than disparagement, of this nostrum, and I most assuredly would have done so, had the result proved different; but as it is, I feel it a duty which I owe to the public, to state, that this case disproves its efficacy, and shows that it possesses no power of alleviating, and much less of preventing, this most dreadful malady. I consider it just to make known these facts, that a reliance may not be placed in it for the future, which is at least productive of this mischief, that it prevents these unfortunate sufferers adopting other means, which may eventually prove effective. It has been asserted, that the boy's stomach would not retain the medicine, and on that account only has it failed; this I beg leave most positively to contradict, having from the time that hydrophobic symptoms came on, administered every dose with my own hands, his stomach rejecting no part of it.

Galding, Kent, May 24th, 1828.

Transactions of the Association of the Fellows and Licentiates of the King and Queen's College of Physicians in Ireland.—(Concluded from page 306.)

On the Nitrate of Silver in certain affections of the Eye.

For the relief of some of the most dangerous morbid changes of the eye, and its appendages, the materia medica supplies no one article so generally useful as the nitrate of silver. The high character it has so justly obtained in certain conditions of this important and delicate organ, has led to its indiscriminate application, and to its becoming a dangerous implement in the hands of the inexperienced. There is scarcely a modification of ophthalmic disease which does not experience either its salutary or injurious powers; and it is now employed, not only by every denomination of medical practitioners, but by the patients themselves, and their uninitiated friends. Mr. Ryall has pointed out the following morbid conditions of the organ to which this remedy is peculiarly applicable, noticing by the way such auxiliary means as tend to promote its efficacy. Mr. R. does not appear to have arrived at the same conclusion as one of our London oculists, namely, that the eye is by no means a delicate or sensible organ. We are convinced that we have seen irreparable mischief done to this organ, and not a few tolerably good eyes "*put out*," by the application of lunar caustic, during the acute stage of ophthalmia.

"*Ulcer of the Cornea.*—This is one of the most frequent and serious terminations of ophthalmia, and that under which a large portion of those poor persons suffer, who apply for relief at the national institution for curing diseases of the eye, in Dublin, in which city, owing to various causes, the affection is more prevalent, and assumes a worse character, than in any other part of the united kingdom. The cornea, after protracted, and sometimes after comparatively mild inflammation of the conjunctiva, is frequently occupied by an infinite number of small superficial ulcers, appearing as mere depressions, or losses of substance, in the investing tunic. These are so minute as to require the closest inspection, and even the aid of glasses for their detection, yet are productive of no small share of irritation and inconvenience. Hence the irritation is sometimes ascribed to primary inflammation, and ineffectual, if not injurious, means of relief resorted to. I have not unfrequently known patients, of weakly strumous habits, to have been condemned to long confinement in darkened apartments, to a strict antiphlogistic regimen, and even to the influence of mercury, whose miseries might have been, in a great measure, curtailed, had the precise nature of their complaint been timely discovered, and the nitrate of silver applied. For the superficial ulcer, a solution, in the proportion of two grains of the mineral to one ounce of distilled water, will generally answer; but if the ulcers betray any indisposition to heal, a stronger one will be necessary, which here, as well as in the purulent ophthalmia of infants, considered on a former occasion,* can be conveyed to the part with more efficacy and convenience in the form of injection than in any other, especially in the cases of young persons, who generally resist every application to their eyes while suffer-

* Trans. of Association, vol. iv.

ing under irritation. For ulcers deeply penetrating the laminæ of the cornea, this remedy is still more imperiously demanded, if we wish to rescue the organ from imminent destruction. In addition to the injection, it will be necessary to apply exclusively to the ulcer, with a fine camel-hair pencil brush, as strong a solution of the nitrate of silver as can be made, or the caustic in substance, pointed like a crayon pencil, dropping into the eye, after each of these applications, a little oil of sweet almonds. This is to be repeated on each separation of the eschar, and continued until the ulcer assume a more healthy action, and the patient obtain, if not a complete freedom from, a sensible remission of pain. The escharotic is then to be laid aside, and the weak solution employed as a collyrium to the end of the treatment. The internal use of mercury has been considered by some to be no less a specific in ulcer of the cornea than in syphilis. It should not be forgotten, however, that the habits in which this affection most frequently occurs, are those in which mercury, at least to any extent, is inadmissible. In delicate constitutions, light nutritious diet, healthy situation, mild tonics, and salt-water baths, whose temperature is regulated by the season, and the strength of the patient, will greatly contribute to improve both the general and local affection. In irritable and highly inflamed conditions of the eye, the prudence of witholding stimulant applications cannot be questioned. In the irritation, however, attendant upon, and kept up by, ulceration of the cornea, this monition has been carried to a mischievous length; we must, in this case, seek relief in the means best calculated to induce the healing process, and we are assured that, by the application of the nitrate of silver, deposition of lymph, so essential to our object, is most effectually produced; that the extreme sensibility, occasioned by a denuded state of the nerves, is obtunded, and an almost stantaneous remission of morbid intolerance of light and irritation attained. There is, however, a contra-indication of this remedy, under the circumstances of redundancy of lymph, or of interlaminary ulceration or effusion, when the object is, by means of local blood-letting, purgatives, and emollient fomentations, to diminish the vascular action of the part. If considerable pain and inflammation be present, the nitrate of silver must either be accompanied by, or give place to, according to the violence of these symptoms, the means just mentioned; and if no constitutional taint forbid, a pill, composed of calomel, antimony, and opium, should be administered twice a day, until the mouth be slightly affected, or the symptoms recede. It has been the practice, in ulceration of the cornea, to drop into the eye a little of the vinous tincture of opium twice or thrice a day; but this is known greatly to aggravate the irritation, without, in any degree, contributing to produce healthy action of the parts.

"*Pustule.*—This affection of the conjunctiva, considered to be analogous to the chancre, or aptha of the mucous membrane of other parts, appears in the form of one or more little eminences, either on the sclerotic or cornea, but most frequently at the junction of these tunics, where, as they advance towards suppuration, they bear no slight resemblance to little pearls, set round the edge of the cornea, on which their encroachment is greatly retarded, in consequence of the latter membrane being more closely connected to the conjunctiva than the sclerotic is. This form of ophthalmia, being the concomitant of a scrofulous taint, is met with in all ranks of society, but in no particular situation is it more prevalent than in the charity schools of Dublin, owing, perhaps, to the want of a due proportion of animal food. Should the attendant inflammation be urgent, leeches and purgatives must be employed, but the ulcerative process of the pustules will be restrained, and in most cases speedily removed, by a few light touches of the stronger solution of the nitrate of silver. Advantage will also be derived from the application of a delicate ointment of the nitrate or supernitrate of quicksilver every night to the pustules. Pustular ophthalmia, being influenced by a scrofulous taint, must be expected to recur; it is, nevertheless, important to prevent injurious effects on the cornea, which a vitiated habit would greatly favour.

"*Slough of the Cornea.*—As an external remedy in this dangerous state of the eye, there is none so grateful, or withal so efficacious for throwing off the morbid parts, as a solution of the nitrate of silver, in the proportion of eight grains to the ounce of distilled water, briskly injected against the slough three or four times a day. But to obviate and arrest the progress of this serious termination of disease, we must rest our chief reliance on the extract of cinchona, so justly praised by the late Mr. Saunders. Opportunities are afforded me but too frequently of giving this medicine a fair and full trial, in the cases of young infants, born for the most part in the Lying-in Hospital; and I assert, that greatly as I had been prepossessed in its favour, it far exceeded my expectation, since both shape and function were preserved to an extent that I dare not hope for, in several instances where death of the exterior laminæ of the cornea, or of a segment of its entire thick-

ness, had already taken place, and when the eye had presented the appearance of a disorganised mass. I have also used the sulphate of quinine in sloughing of the cornea with manifest advantage.*

"*Protrusion of the Iris.*—When slough or ulceration shall have penetrated through all the laminæ of the cornea into the anterior chamber of the eye, and when, owing to the escape of the aqueous humour, collapse of the cornea and protrusion of the iris shall have taken place; necessarily contracting, or if the prolapse be considerable, entirely closing up the pupil, the nitrate of silver is our chief, perhaps only resource. In this state the aqueous humour continues to be distilled through the aperture as fast as it is secreted, until, by a new production of parts, or by the adhesion of the iris to the cornea, or by both, the breach is filled up. It is extremely gratifying to witness the striking and happy effects produced by a few applications of the pencil-pointed nitrate of silver, or by its strong solution. Healthy action and new growth of parts are thereby quickly obtained; the cornea resumes its convexity, the protruded iris is retracted, and, unless the breach has taken place in the centre of the cornea, vision is completely restored. It is scarcely necessary to say, that the slightest adhesion of the iris to the cornea must produce contraction or oblongation of the pupil, but these do not materially impede vision, and may often be obviated by the early use of the extract of belladonna, reduced to the consistence of cream, and rubbed on the orbit, or eyelids, twice or thrice a day, or in a more liquid form, and dropped into the eye. The former mode of applying this narcotic, as being productive of no irritation, deserves a preference, as well for this purpose as for that of dilating the pupil before, and preventing adhesion after, the operations for cataract and closed pupil.

"*Nebulous Cornea.*—This state of the cornea being the result of protracted chronic inflammation, which is always aggravated on exposure to cold, or indulgence in the use of fermented or spirituous liquors, consists in a thickening and increased vascularity of the conjunctiva, and effusion between this membrane and the exterior lamina of the cornea, of an albuminous fluid, which has this distinguishing character from interlamillary deposition, that it is not disposed to point outwardly in the form of pustule; the veins on the sclerotic are turgid, varicose, and tortuous, inosculating at the junction of the sclerotic and cornea, from whence they take a radiated direction towards the points of density in the cornea. The offuscation of the cornea is sometimes so great, as scarcely to allow the subjacent iris and pupil to be seen; and if the affection be the consequence of the Egyptian or purulent ophthalmia of adults, the cornea assumes that toughness and shining whiteness peculiar to cartilage, a condition admitting of little amelioration. A profuse morbid secretion from the tarsal glands is also another, and a very distressing accompaniment of nebula. The application of leeches to the inner surface of the lower palpebræ, the exhibition of purgatives, and precaution against strong liquors and cold, are the first objects to be attended to. If granulations exist on the palpebræ, they are to be removed by the means hereafter to be mentioned under the head of "granular palpebræ." After the vessels shall have been well emptied by the daily application of two leeches to the conjunctiva of the lower eyelid, and a few purgatives have been administered, a circle, or as large a segment of one as will include the opaque portion of the cornea, is to be described with the pencil-pointed caustic on the sclerotic, at about two lines distance from its junction with the cornea. After the eschar has sloughed off, ulceration is to be kept up for some time by the same means, care being taken to subdue any excessive inflammation which may be thus produced. The solution of the nitrate of silver, varying according to circumstances, in the proportion of from two to six grains to the ounce, is to be frequently injected into the eye, and the ointment of the red oxyde of mercury applied every night to the tarsi, a portion of which may be allowed to be diffused over the surface of the eyeball. In some of the worst cases of nebulous cornea, the liquor subacetatis plumbi has been dropped into the eye twice a day with great advantage. Absorption of the effused lymph, and contraction of the vessels, were speedily produced. It must be acknowledged, however, that these are not, in the majority of cases, its gratifying results. It is the practice with some to cut off, with a pair of curved scissars, a portion of the conjunctiva, concentric with, and about two lines distant from, the cornea, and to continue the excision as far around the circumference of that tunic, as its extent of opacity may require. The turgid vessels are by this plan emptied; but it has been found, when adopted in an irritable state of the organs, to create excessive inflammation, and a new production of vessels. For the relief of that truly distressing attendant of this and other forms of protracted ophthalmy, profuse secretion from the lachry-

* The sulphate of quinine is decidedly preferable to the extract of cinchona, as it can be given in a smaller volume, and in a more agreeable form. It is also less likely to offend the stomach and bowels.—*Rev.*

mal and tarsal glands, the dilute sulphuric acid, in the dose of from 20 to 30 drops in a glass of water, twice or three times a day, will prove of singular benefit; and it is probable, if combined with the sulphate of quinine, its virtues would be still further increased. The probable advantage to be derived from the sulphuric acid, if used in a still more dilute form as a collyrium, may be judged off from the following case:—Mr. A., of Leith, near Edinburgh, consulted me last year under the following conditions of the right eye:—great vascularity both of sclerotic and cornea, with albuminous effusion; the globe felt soft, was diminished in size, very irritable, and vision almost entirely lost. The superior palpebra was granular, and there was an excessive discharge, sometimes of tears, and at others of puriform matter. A combination of the blue pill and compound extract of colocynth, was administered; two leeches were directed to be applied every day to the inner side of the lower eyelid, and the solution of the nitrate of silver, in the proportion of four grains to the ounce, to be injected three or four times a day; but as the eye seemed to be approaching to disorganisation, the eschar was not formed on the sclerotic. Means were employed for the removal of the granulations on the palpebræ, and half a drachm of the dilute sulphuric acid was administered thrice a day in a glass of water. The ointment of the red oxyde of mercury was also applied every night to the tarsi. Under this treatment the case was manifestly, though slowly, becoming improved; until one day the patient had the dilute sulphuric acid, by mistake, for the caustic solution, injected into his eye. This accident, as may be supposed, was attended with great pain; but this was not of long duration, and thenceforward the case rapidly advanced to restoration, which had been nearly completed, when urgent business called him home. I have since heard, through a friend of his, whom he recommended to my professional care, that the eye had fully recovered both its healthy appearance and function.

"*Albugo.*—In no case has the nitrate of silver been more abused, than in the early stage of albugo, which consists in a deposition of coagulable lymph effused by the arteries during the presence of ophthalmia, between the laminæ of the cornea, and which remains after the inflammatory action has subsided. Absorption in this stage is more judiciously attempted by topical bloodletting, and alterative doses of calomel, antimony, and opium, than by local stimulants, whose premature use would be productive of increased vascular action and deposition. When, however, the former have been persisted in for some length of time, which the experience and observation of the surgeon can only determine, it will be necessary to have recourse to the latter, which should consist in a solution of from four to eight grains of the nitrate of silver to one ounce of distilled water, and in a weak ointment of the red oxyde of mercury; the former to be applied twice or thrice a day, and the latter every night, with a camel-hair pencil, to the speck. If the patient be young, and the deposition recent and superficial, these means will generally succeed; and even under the opposite circumstances, perseverance for several months has effected a cure, which at first might appear hopeless.

"*Leucoma.*—By this term is now understood that dense, pearl-coloured, inveterate opacity, occupying either a part or the whole of the cornea, and the result of extensive disease and change of structure in that tunic. The disorganized state of the parts precludes all hope of relief, either from local or general means. The removal of any portion of the opaque substance, either by the knife or caustic, could be attended by no other consequence, than the succession of a body of equal density, and probably to one that would give rise to greater irritation or deformity.

"*Staphyloma.*—In many instances of those recent staphylomata of young children, which succeed to small pox and purulent ophthalmy, the growth has been checked, and even the removal accomplished, by producing upon them, and keeping up for a considerable length of time, artificial ulcers, by means of the nitrate of silver. When it is found necessary to have recourse to the knife for the removal of the more inveterate forms of this disease, the objects of the operation may be greatly advanced by the subsequent use of this escharotic.

"*Granular Palpebræ.*—This morbid growth of flesh, or warty excrescence, is also the consequence of long continued inflammation, especially of the purulent form, producing by its friction against the cornea, not only great irritation, but eventual opacity. The first business, when called to a case of protracted ophthalmia, will be to evert the palpebræ, particularly the superior, and in the majority of cases the surgeon will at once discover the cause of irritation. The granulations may be shaven off with a scalpel, or the shoulder of a lancet, and the abraded surface touched with a strong solution of the nitrate of silver: or, without any previous excision, the caustic may be applied, and repeated after each sloughing of the eschar, until the granulations have disappeared, care being taken, after each of these applications, to wipe the part with a sponge, and to drop into the eye some oil of sweet almonds. In this way the immediate

removal of the granulations is accomplished; but their recurrence is best prevented, and the tone of the parts restored, by the use of the sulphate of copper, which is to be rubbed every second or third day against the inner side of the granular palpebræ, until an eschar is produced;* a lotion of a weak solution of this last, or of the nitrate of silver, may accompany this treatment, together with the application of the ointment of the red oxide of mercury every night to the eyelids. The muriated tincture of iron has been found very efficacious in this affection; but I am not justified by experience in preferring it to the remedies just mentioned.

Ectropion.—The morbid thickening of the conjunctiva, which causes the more tractable species of everted palpebræ, may, in most instances, be removed, by producing upon it repeated eschars with the nitrate of silver. In some cases, where the surface is callous, as not to be acted upon by this caustic, it will be necessary, preparatory to its application, to remove with a knife, or the curved scissors, the exuberant conjunctiva. If there exist no contraction of the integuments from loss of substance, these means will seldom fail to restore the lids *ad sitrum*. Indeed, when not properly regulated, I have known them to go further, and produce undue inversion and puckering of the tarsi."

Mr. Ryall also observes, that in encanthis, pterygium, and other fleshy excrescences of the sclerotic and cornea, whenever it may be deemed expedient to remove one or other of these morbid productions by excision, the subsequent aid of an escharotic may be found necessary, as well for their ultimate destruction, as to restrain the healthy granulations of the wound. For these purposes, the nitrate of silver is the safest means that can be employed. There are, also, several of these affections which the caustic alone, without any previous operation, will effectually remove.

* We can, from extensive experience, corroborate Mr. Ryall's statement as to the utility of the sulphate of copper in destroying the granular state of the palpebræ here described, which, if unattended to, will produce opacity of the cornea, and consequently imperfect or total loss of vision.—*Rev.*

Sketch of a Medical Report on the Epidemic Dysentery, which prevailed in Dublin in the year 1825. By Dr. JOHN O'BRIEN.

The autumn of the year 1825 was distinguished by the extensive prevalence of an epidemic dysentery which pervaded Ireland generally, but made its severest assault on the city and vicinity of Dublin. The summer and autumn of the year were marked by extreme heat and drought, and the epidemic, contrary to the usual order of invasion in former instances, commenced among the higher classes of society, as if those classes possessed more sensibility to the exciting causes, or were placed more directly under the influence of their operation. The author having commenced his attendance as one of the physicians of the Cork Street Hospital, on the 1st of October, 1825, had an opportunity of treating some of the worst cases of the disease, which had either remained since the preceding month, or were admitted in the months of October or November, when the epidemic had reached its acme. A list of thirty-five patients, labouring under dysentery, is here given. Of these, about one-fourth died; and this the author considers as a fair average of the ordinary mortality, from this disease, in the Dublin hospitals; a mortality considerably greater than that of their idiopathic fevers, the average mortality of which, taken for a number of years in Cork Street Hospital, has not exceeded one in fourteen. As the ward, under the author's care, formed a third of the entire hospital, it is probable that the total number of dysenteric patients in the hospital, within the two months formerly specified, may have amounted to little more than one hundred. The duration of the disease, when it terminated favourably, varied from two to six weeks; and of the fatal cases, two died in the acute stage, that is, within the first three weeks of the disease, and five lingered on to the chronic stage, under which they ultimately sunk. The ages of the majority,

in the list, varied from twenty to forty; none were under the age of twenty, and two only (fatal cases) exceeded the age of forty. Persons of middle age, and in the vigour of life, seemed to have been the principal sufferers, and the young and aged escaped in a greater proportion than usual. In the males the mortality was less than in the females, which is the ordinary occurrence in this disease.

"In a majority of the cases, the disease, through its entire course, was attended with febrile excitement; but, in some instances, a disease, which in the outset appeared to be simple idiopathic fever, was often two or three days converted into dysentery, with an evident remission of the febrile symptoms. In other cases, dysentery appeared as a sequel of fevers of a bad type, in the stage of convalescence, an occurrence far more frequent during the prevalence of epidemic dysentery than at other times, and indeed presenting one of the most dangerous and intractable *forms* of the disease."

The discharges were almost, without exception, of a ferruginous or dark-brown colour, and generally exhibited insulated circular patches of blood floating on the surface, poured out, no doubt, by the vessels of the abraded rectum, after the passage of the fæces.

"In a case which occurred in private practice, the colour of the discharges was invariably altered from a dark-brown to a dirty whitish hue, by opium; and, again, on withdrawing the medicine resumed its original shade."

The general seat of pain was the prominent part of the hypogastric region, a little below the umbilicus; and the pain was more frequently fixed than intermitting, which latter character the tormina of dysentery generally assumes.

"The number of discharges, in individual cases, varied from twenty to forty in twenty-four hours, and in no instance but one, as far as could be ascertained, exceeded the latter number."

In the excepted instance, the most violent and rapid in its progress, which occurred to the author in the present epidemic, and in which cholera was complicated with dysentery, there existed an almost incessant discharge, both upwards and downwards, of a dark-coloured fluid, resembling coffee grounds, which no medicine could restrain. In mild cases, however, the number of discharges seldom exceeded twenty in twenty-four hours. The skin was, in every instance, altered to a darker hue, assuming, as the complexion varied, either a leaden or copper tinge, and, in general, it affected the touch with the sensation of roughness, and even corrugation.

"In all severe cases the eye was anxious, the brows wrinkled, the countenance dejected, the cheeks and temples sunk, pale, and cold, the features sharp and pointed."

The disease, in some instances, made its first invasion suddenly, perhaps after a full meal, long exposure to the sun's rays, intoxication, long vigilance, &c. Such invasions were ever generally attended with symptoms of cholera of various degrees of intensity. In the majority of cases, the patient was warned of the impending disease by loss of appetite, indigestion, furred tongue, costiveness, attended with twitches of pain in the abdomen. Such cases usually commenced with diarrhœa.

"*Treatment.*—The following was the general plan of treatment adopted, and which, upon the whole, appeared to prove most successful. The patient, if young, and in the first stage of the disease, was immediately blooded to the extent of twelve or fourteen ounces; he was then placed in a warm bath, at a pretty high temperature, in which he was retained for fifteen or twenty minutes, if possible, for the harassing necessities of the disease seldom permitted so long an interval of quiescence. He was then, after a vigorous friction of the whole body, but particularly of the abdomen, with camphorated oil, put into bed, having been previously swathed with a flannel roller drawn tightly round the abdomen and loins, in order to support the bowels, a measure which is always attended with comfort and alleviation of pain, to persons labouring under this disease. After this a small bolus, or pills, containing ten grains of calomel, one, or sometimes two, grains of opium, and occasionally combined with antimonial powder, were administered, and repeated after an interval of eight hours, if

the urgency of pain rendered such repetition necessary; for the anodyne effects of opium seldom extended beyond this period. As patients are generally conveyed to the hospital at a late hour in the day, the measures just described occupied the first evening and night after admission. On the morrow, a purgative draught, consisting sometimes of castor oil, tincture of rhubarb, and tincture of opium, sometimes of infusion of senna and salts, with tincture of rhubarb, and tincture of opium, was exhibited, and sometimes the neutral salts alone. The author has not found, from experience, that castor oil possessed more irritating qualities than the other purgatives above mentioned, and thinks that the prejudices which some practitioners entertain against it, are altogether groundless; but all apprehension on this subject may be removed, by the addition of tincture of opium, which the author thinks will even promote its purgative virtues in the disease before us. If the symptoms still continued urgent, and the pulse gave indication of inflammatory and febrile action, the bleeding and warm bath were repeated, and calomel and opium continued as above, alternated, however, by purgatives, until the disease yielded, or until ptyalism, or, at least, soreness of the gums, was effected. When this latter effect was produced, which in some instances was accomplished with considerable difficulty, the mercurial part of the medicine was discontinued, and opium alone exhibited, accompanied, as before, by the alternate use of purgatives. In many instances, the Dover's powder was substituted for opium, and achieved the cure with equal success; and, indeed, this modification of opium gained confidence, in proportion to the frequency of its employment, and cannot be too highly commended in this disease."

In some protracted cases, Dr. O'Brien prescribed the decoction of the Simarouba bark, and he believes that it possesses considerable astringent powers, and that when united with opium, it is an anti-dysenteric of no mean efficacy. Dr. Grattan informed the author, that he had recourse to arsenic in five or six cases of protracted dysentery, and that it succeeded when other medicines proved unavailing.

Indurated Enlargement of the Uterus.—Dr. Thetford relates the history of a case of indurated enlargement of the uterus, successfully treated with iodine. After ordering alterative doses of the corrosive muriate of mercury, with pills of conium and hyoscyamus, without any decided advantage. The author, on the 14th of June, 1827, prescribed seven drops of the tincture of iodine to be taken three times daily in a wine-glassful of water, which dose was gradually augmented to ten drops, all other medicine being discontinued, except an occasional dose of castor oil. The result was speedily favourable; the spirits revived, the appetite greatly improved, and, on the 2d of August, the patient was perfectly restored to health, and continues so.

We must here close our analysis of this interesting volume, having presented our readers with the main facts of all the important communications.

HÆMORRHAGE IN THE FOURTH MONTH OF PREGNANCY, SUCCESSFULLY TREATED WITH THE ERGOT OF RYE.

By G. Board, *Esq. Bristol.*

Mrs. W., who had not menstruated since January, experienced a severe fright in the middle of the month of April, and uterine hæmorrhage immediately ensued. It was checked by the use of ordinary means, but returned at intervals, until the 24th of May, at which time profuse flooding took place, but was restrained under the free application of cold. It was concluded that considerable, if not entire separation of the ovum had taken place; that the fœtus was dead, and that to induce contraction of the uterus was the only means to put a stop to the discharge, and avert a fatal issue. Half a drachm of the ergot of rye in powder was at once administered, and at the expiration of half an hour, the uterus was felt to be "firm and round." An ounce of the infusion, made with two drachms of ergot to half a pint of water, was given every four hours throughout the day, during which slight pains were felt in the loins and in the uterus. In the evening no further hæmorrhage had occurred, and the uterus was in a firm state of contraction. The powder was repeated, and ordered again for the ensuing morning; the infusion was continued regularly. The night was passed with occasional pains, as was also the following day, in the evening of which a dose of the powder was again exhibited. Contractions of the womb speedily ensued, and about two o'clock in the morning, the ovum, with its secundines, were expelled. The woman quickly recovered.

THE LANCET.

London, Saturday, June 14, 1828.

ONE of our Correspondents has favoured us with a few observations on our notice of the plan recently suggested by an enlightened medical journalist, for the suppression of hospital reports, and the revival of a system of "Hole and Corner" surgery in our public hospitals. We are not surprised at our Correspondent's astonishment, nor even at his incredulity; and we are ready to admit that he is not bound, upon the mere statement of our contemporary's views by a third party, to believe in the existence of so much ignorance and imbecility. He evidently suspects that we have been combating shadows, and that we must, more especially, have mistaken or misrepresented our contemporary, when we intimated, that one of the grounds upon which he opposed the publication of hospital reports was, that the public were singularly ignorant of matters connected with medical science. For the satisfaction of our Correspondent, we will quote one or two passages from the pages of our contemporary, and our readers will then perceive why we deemed it sufficient on a former occasion, to advert to the substance and effect of our contemporary's arguments, without entering into a formal contest with unresisting imbecility.

The following is the passage in which our contemporary anticipates and attempts to answer the objections, which may be urged against his plan for reviving a system of "Hole and Corner" surgery.

"But it will be said, perhaps, prevention is, after all, neither practicable nor scarcely justifiable. The situation of an hospital physician or surgeon is a public one, and he must take the common chances and contingencies of publicity; and this, too, is an advantage to society: for the man who acts under the public eye will be more upon his guard and his good behaviour; will exert his best powers, and be less tenacious of his own individual interests. This, as a general principle, relative to matters of public concernment, no Englishman will dispute, or depreciate its advantages; but here is the common fallacy: people call that *public* which is not so, and then argue upon the assumption as if it were indisputable. We deny that the medical officers of our hospitals can, with any propriety or truth, be considered as subject to public inspection. We deny that the treatment of disease is a thing that falls under the cognizance of the public judgment, or ought to be brought under their notice. That surely cannot be deemed a public matter which the public cannot understand; and of medical and surgical matters the public are singularly and pre-eminently ignorant, and, of course, are singularly and pre-eminently liable to be deluded—to be duped by any crafty knave who has no scruples in arrogating superiority of his own knowledge, and calumniating the skill of others. That, again, is not public which is not practised with open doors. That, again, is not public which is accessible only upon payment of fees:—what is so attainable, is strictly a private concern."

In order to arrive at the meaning of the foregoing passage, (though it is, perhaps, rather a violent assumption to suppose that our contemporary knew his own meaning,) let us see what the writer concedes, and what he denies. He admits that the expediency of giving publicity to matters of public concernment, is a principle which no Englishman will dispute, but he denies that the treatment of disease in our hospitals is a matter of public concernment, and the grounds upon which he rests this denial are threefold; first, because the treatment of disease is a matter of which the public are pre-eminently ignorant; secondly, because the doors of our hospitals are not open to the public; and, thirdly, because the manner in which hospital surgeons discharge their duties, are not subject to inspection, except upon payment of fees.

"That surely," says this acute reasoner, "cannot be a matter of public concernment, which the public cannot understand." We will not take advantage of the mere verbal hallucinations of our contemporary, and

suppose him to insist that a subject, which he probably conceives his own intellect to have mastered, is absolutely beyond the reach of the non-professional community. But, supposing him to mean that the public are not, indeed, incapable of understanding, but singularly ignorant of the technicalities of medical science, how does this prove that the treatment of disease in our charitable institutions is not a matter of public concernment? Let the reasoning of our contemporary, if it can be so termed, be applied to any other science; architecture, for example; and let us see how his premises will support his conclusions. The public are, for the most part, singularly ignorant of the technicalities of the science of architecture; but is the construction of a public, or even of a private building, *on that account*, a matter of no public concernment? A theatre or a chapel is so constructed that the roof falls in upon the ungodly, or pious, persons assembled beneath it; for experience proves that, if the architect be ignorant, Providence is no respecter of the purposes to which the building may be dedicated. The public may be ignorant of the causes of such a catastrophe, and even when the causes are explained to them by men of science, they may not fully understand all the technical terms employed to render the subject intelligible; but are they on that account less concerned and interested in the consequences of an architect's want of skill? Navigation is a science of which the public may be said to be singularly ignorant, inasmuch as few men, not bred to the naval profession, are acquainted with the manner in which the principles of plane and spherical trigonometry are applied to the steering of a vessel from one part of the globe to another. But is the skill of the captain who undertakes to convey us in safety to a particular port, *on that account*, a matter of no public concernment?

Meanly as we think of the understanding of our contemporary, we cannot help suspecting that he will himself, at some distant period, not indeed acknowledge, but arrive at something like, a perception of the marvellous absurdity of his own arguments. What is there in the nature of medicine or surgery to take them out of the principle, in respect to the expediency of publicity, which this writer acknowledges to be applicable to all matters of public concernment. Let us suppose—for we will put the case as a hypothetical one—that a hospital surgeon has repeatedly performed the operation of lithotomy, when no stone has existed in the bladder of the patient? Without entering into the question, whether a succession of such operations can be fairly ascribed to the ill-fortune, or to the unskilfulness, of the surgeon, is it not, we will ask, a matter of public concernment, that the facts should not be concealed? On the other hand, let us suppose—or rather let us state the fact, for this was the case both with Mr. Lawrence and Mr. Green—that a surgeon has operated in forty stone cases successively, without a single failure. Is it not a matter of public concernment, that these facts should be made known? Undoubtedly, the effect of giving publicity to the series of failures on the one hand, and to the succession of successful cases on the other, will be to diminish the practice of the unfortunate or unskilful surgeon, and to increase that of his more successful, or more skilful contemporaries. But the unfortunate, or unskilful surgeon, has no right to complain, and his pecuniary loss is not for a moment to be put in competition with the injury which the public would sustain, if they were not furnished with the means of discriminating between hospital surgeons, and of knowing in whose skill they might most securely confide. Again, let us suppose—for we will put this also as a hypothetical case—that a hospital surgeon, in attempting to perform the operation of lithotomy, destroys the patient by thrusting the knife, or gorget, or both, between the

bladder and rectum. Now, as we know that the operation of lithotomy is, in skilful hands, so constantly successful, that it can hardly be regarded as one attended with much hazard to human life, surely it is matter of general concernment, to set the public upon their guard against an operator, who could commit so gross and fatal a blunder as that which we have supposed to be committed by a hospital surgeon. The exposure would, in all probability, have the effect of materially injuring the private practice of the operator; but this is a trifling element in the general question of public expediency, and, viewed in its proper light, the abstraction of practice from such a surgeon would be merely the abstraction of the opportunities of doing mischief, and would consequently furnish an additional argument for the propriety of giving publicity to his failure.

But our contemporary's attempt to prove that the surgical practice of our hospitals is not a matter of public concernment, because the public are not adepts in the science of surgery, is indeed "the shadow of an argument," and we will occupy no more of the time of our readers in combatting it. Proceed we then to his second proposition, namely, that the treatment of disease in our hospitals is not a matter of public concernment, because it is not practised with open doors.

We shall make short work with this argument; first, because we are at issue with the writer as to the fact; and, secondly, because, if the fact were true, it would prove only that the powers confided to the trustees of these charitable institutions had been scandalously abused and perverted, and not that the public were not deeply interested in the secret performance of public duties. We deny, in the first place, that the doors of our charitable institutions for the succour of the destitute sick, are, or can be justifiably closed against the public. The admission of the public must, of course, be subject to such regulations, as may prevent it from interfering with the ease and comfort of the patients, but, with this limitation, which is to be so construed as not to render the right of admission nugatory, we deny that the trustees, surgeons, or any other functionaries of our national hospitals, possess the right of closing the doors of those institutions against the public. There is no proposition less subject to exception, than that the desire of concealment is, for the most part, founded in guilt. Wherever we observe a desire to conceal, we may predicate with tolerable certainty, the existence of malversation, fraud, or corruption. It cannot be denied that this desire of concealment pervades the system of management in many of our public hospitals; and it will ere long, perhaps, fall to our lot, to lay open to public view, some of the secret causes of this desire of concealment; but no treasurer or trustees have yet gone the length of asserting, that these hospitals are private institutions, or that the cases of patients, who seek relief in them, are to be regarded as the private property of the hospital surgeons. The protection which our contemporary and the Bat tribe generally claim for the less gifted and the corrupt portion of their professional brethren, is avowedly founded upon the total exclusion of all views of public expediency. Hospital practice, say they, is a private concern; reporters have no right to invade our privacy, and we will not suffer any reports of our proceedings to go forth to the public. Some of the functionaries of these institutions have, indeed, done all that in them lies to carry these pernicious principles into practice. They have, *per fas et nefas*, excluded from the wards of the hospitals two or three gentlemen, whom they have suspected of publishing reports of cases; but the efforts of these individuals to cut off this source of information from the profession and the public, are as impotent as they are mean and unprincipled. Their malice may

expose one or two members of the profession to a little temporary inconvenience, but they have no more power to put down the system of hospital reporting, than they have to cut off the channels, through which the public obtains a knowledge of parliamentary and judicial proceedings. While the reign of the medical oligarchy lasts, and the days of their ascendancy may now be counted, one or two, or a dozen medical reporters, may become the objects of their vindictive persecution; but the system of hospital reporting, is proof against these miserable assaults; and there will be a hundred ardent and intelligent minds, ready to prevent the intellectual chasm which corruption and imbecility seek in vain to reproduce, and to disseminate through every part of the empire, a bold and faithful record of all that contributes to the honour, as well as of all that redounds to the disgrace, of the profession. *Idem trecenti juravimus ut in te hâc viâ grassaremur*, was the fearless and uncompromising language of Scævola, and the sentiment will, we doubt not, find a corresponding echo in the breasts of as many medical students or practitioners, as may be required to replace the supposed victims of those feeble functionaries, who are indebted for their elevation to corrupt influence, and who regard the press as their natural enemy, because they are conscious that publicity must be fatal to their pretensions, and that the sole tenure, by which they can hope to cling to office, is concealment.

One word with respect to the third ground on which our enlightened contemporary maintains the right of the hospital surgeons to revive a system of "Hole and Corner" surgery. "That is not public," says he, "which is only accessible on payment of fees, and what is so attainable is strictly a private concern." The writer is here unwittingly treading upon hot ashes, for he is not aware that his argument tends necessarily to bring into question the right of the surgeons to demand fees for the admission of hospital pupils, who have already, be it remembered, paid fees to obtain that designation, to the wards and operating theatres. If the surgeons have no right to demand such fees, and we should be glad to know whence they derive the right, *cadit quæstio*, there is an end to the argument of our enlightened contemporary. But supposing them to have the right, which we deny, how does this prove the hospital practice to be, as our enlightened contemporary maintains, a private concern? The operating theatres of our public hospitals are not the only theatres at which tragedies cannot be witnessed, without previously paying a fee for admission. When our enlightened contemporary pays his shilling for admission to Covent Garden or Drury Lane, if we may venture to suppose an Aberdeen Graduate capable of such an act of extravagance, does this payment prove the theatre to be a private concern, and deprive him of the right of expressing his approbation or disapprobation of the performance? What becomes then of his position, that "that which is accessible only on the payment of money, is strictly a private concern?" If the payment of fees upon admission were to be recognised as a test for distinguishing between public and private establishments, we hardly know any establishment, civil or ecclesiastical, which would come under the former description. But it is useless to reply seriously to arguments which furnish far more appropriate matter for derision; and we trust, therefore, that we shall stand excused, in the judgment of our Correspondent, and of our readers generally, for the tone in which we have, for the most part, treated the effusions of Roderick Macleod.

REDUCTION OF A FEMUR WHICH HAD BEEN DISLOCATED THREE MONTHS.

This case occurred in the practice of Dr. Morris of Ohio. No other mechanical means than the hands of assistants were employed, and the reduction was effected without much difficulty. *Phil. Journ. of Med.*

GUY'S HOSPITAL.

CASE OF RUPIA PROMINENS.

The following has been considered to be a case of *rupia prominens*, and is regarded as so well-marked an instance of the disease, that a cast has been taken of it for the Museum, in order to prepare a wax model.

Sarah Kealey ætat. 17, of rather a full habit, was admitted into the female venereal ward on the 23d of April, under the care of the junior surgeon.

She stated that the disease first made its appearance about six weeks since in small vesicles; these had gradually increased to their present size, most of them assuming the character of rupia prominens, whilst others were daily making their appearance. They had covered, indiscriminately, the body, but were more particularly numerous upon the lower extremities. Upon inquiry into the history of the case, the patient firmly denied having had any venereal affection. The eruption appears to have begun in the form of small vesicles, with a slightly inflamed base, and these bursting, conical crusts or scabs have eventually formed. A few of these crusts have been taken off to examine their bases; and it seems that there is the smallest possible degree of secretion going on.

On her admission, she was ordered to take ten grains of Plummer's pill every night, and two ounces of the decoction of sarsaparilla, with one drachm of the extract, and a drachm of the solution of the oxymuriate of mercury, twice a day.

May 7. The disease is progressively spreading. Fresh vesicles appear from time to time, and the eruptions now cover almost every part of the body. Those last produced have assumed the same character as those present upon the thighs and knees when first admitted, which are becoming still more prominent. The medicines are continued.

20. Since the last report, the disease has become still more developed.

30. She has been ordered to rub in mercurial ointment. Her mouth, however, is not yet affected, but the eruptions are scaling off, and the disease is rapidly subsiding.

June 8. The eruptions have, for the greater part, disappeared.

[We should be glad to know why this patient was placed in the Venereal Ward, and thus made to herd with prostitutes, when there was not the slightest reason for supposing the disease to be of a syphilitic kind. It has been reported, but we do not pledge ourselves for the accuracy of the information, that Mr. Bransby Cooper, in the course of the ensuing summer, will give clinical lectures on diseases of the skin. It has further been rumoured, that some lectures will be given on diseases of the eye, in which the absurdity of making minute distinctions in the pathology of this organ will be practically demonstrated by cases.]

SEVERE CONTUSION OF THE FOOT—AMPUTATION.

Elizabeth Joyce, ætat. three years and a half, was admitted into Chapel Ward, on the 2d of June, under the care of Mr. Morgan.

The child was accidentally knocked down, and the wheel of a carriage passed over the foot, producing severe contusion, and literally crushing the tarsal and metatarsal bones. The toes, however, were but slightly hurt. The injury was so severe, that all idea of saving the foot, or any part of the tarsus, (on examination,) was completely laid aside. The Assistant-Surgeon was sent for, and amputation below the knee was immediately performed. The child was put to bed, and a dose of the syrup of poppies was administered.

June 9. The child, upon the whole, has gone on very favourably up to the present period. The stump has suppurated. She takes a grain of the sulphate of quinine, with infusion of roses, twice a-day.

ST. BARTHOLOMEW'S HOSPITAL.

PHLEGMONOUS ERYSIPELAS OF THE ARM, TERMINATING FATALLY.

Elias Spice, aged 60, a very robust and rather corpulent man, and a hard drinker, was received into St. Bartholomew's Hospital, as a patient of Mr. Lawrence, on the 16th of May. Two days before, he had struck his elbow in falling, and slightly grazed the skin; inflammation of the surrounding integuments came on, and increased rapidly. At the time of admission, the skin over the ulna presented a superficial abrasion as large as a shilling, and inflammation extended from this point along two-thirds of the dorsal aspect, both of the arm and forearm. The skin of the inflamed part was red, but not of a very vivid hue, and slightly shining; it was elevated by a slight and diffused swelling of the subjacent texture, and pitted a little on pressure. There was headach, full and frequent pulse, and a white tongue; he had not rested the preceding night. Mr. Lawrence observed, that the skin and cellular membrane were here equally affected; that it was a case of phlegmonous erysipelas in the early stage; and

that, as suppuration had not yet occurred, it was a favourable opportunity of trying whether the inflammation could be stopped by the antiphlogistic treatment. He ordered bleeding from the arm to 16 oz.; 36 leeches to the inflamed part in the evening, and afterwards fomentation and bread poultice; a dose of calomel and jalap immediately; a saline draught, with a drachm of the solution of tartar emetic, and a drachm of sulphate of magnesia, every six hours.;

18. The blood drawn from the arm was covered by a thick and tough buffy coat. The bleeding and the leeches considerably relieved both the local and general symptoms; but the inflammation and swelling had again increased and extended, this morning, with aggravation of the feverish symptoms. Thirty leeches, the aperient powder, and the draught, repeated.

19. The redness, swelling, and tension of the limb much increased, great pain; the pulse full, hard, and frequent. Mr. Weekes, the house surgeon, took 24 oz. of blood from the arm in two portions, both of which exhibited the inflammatory character in the highest degree. Mr. Lawrence, who saw the patient soon after, found the arm reduced by the loss of blood, which had nearly caused fainting, almost to its natural colour, while there was a similar relief of the general symptoms.

21. The inflammation, after being checked for a time, returned, and became more violent; the whole limb, from the wrist to the shoulder, was enormously swollen, more particularly on its back part, and of a bright red in three-fourths of its circumference; the swelling and redness extended from the back of the shoulder to the trunk. The cuticle had become detached by vesication on the inner and posterior part of the limb. There was headach, thirst, and a white tongue, with a dry brown streak along its middle. On the morning of the 21st, a large collection of fluid was felt above the elbow at the back of the arm, the skin being free from tension, and paler than before; there was a soft feel, as if from fluid disseminated under the skin, along the back and ulnar side of the forearm, and this obviously communicated with the other collection. Mr. Lawrence made a cut of two inches in the latter, from which about six oz. of thin matter, or rather serous turbid fluid escaped. A similar fluid flowed out of two smaller incisions in the forearm, at which the cellular membrane was observed of a yellow colour, while pus could be squeezed out of it at several points. Poultice to the part; five grains of subcarbonate of ammonia in camphor mixture, every four hours. Port wine and water occasionally. He died at eight in the morning of the 22d, and was examined in the middle of the day.

Examination.

On the inner and back part of the limb, the cuticle was separated from the cutis; the latter had a mottled appearance, being unnaturally red with patches of rather a livid hue, but it was not gangrenous at any part. Towards the front, the skin presented nearly its natural paleness, and the cuticle was adherent. In the situation first mentioned, the subcutaneous stratum of adipose substance presented a general light red tint, but no suppuration was observed in it at any point; in the other part of the limb, this texture had nearly its natural appearance. The cellular tissue, which connects the adipose stratum to the fascia, had gone into the state of suppuration over the whole limb; it was of a yellow colour throughout, as if universally injected with pus, and a thin, turbid, or yellowish puriform fluid, gradually oosed from it; at some points, a thicker pus could be squeezed out. This change extended, in a slight degree, to the chest, and where it ended, the cellular membrane was loaded with a clear yellow serum. The fascia was quite natural, and the cellular membrane under it was unaffected. The superficial veins were not inflamed. The contents of the thorax and abdomen were healthy, excepting the liver, which displayed the organic changes produced by dram-drinking. The entire surface of the organ was studded with slight irregularities; it was light-coloured, and had a greasy appearance when sliced. Strong marks of vascular excitement were observed within the skull. All the vessels of the brain and membranes were excessively turgid; the pia mater was loaded with serum, and the ventricles contained about six ounces of water.

[The example afforded by the preceding case, is very instructive in many respects. It illustrates admirably the origin, progress, nature, and effects, of phlegmonous erysipelas; it shows how speedily this formidable affection may extend over a whole limb, and destroy life, and how completely ineffectual ordinary antiphlogistic treatment is in checkking its destructive process. The early period of the affection, and the nature of the symptoms, both local and general, pointed it out as a most favourable case for trying the effects of such treatment; which, although it gave temporary relief, did not retard the inflammation of the cellular membrane in any sensible degree. Even if the patient had survived after great danger and protracted suffering, the local mischief was so severe and extensive, that the consequences would have either seriously impaired, or destroyed the use of the limb. Mr. Lawrence said, he had no doubt that an incision along the inflamed part, at the time of admission, or on the following day, would

have stopped the disease, either preventing suppuration altogether, or limiting it to a very small extent; and he strongly urged, in his observations to the pupils, the importance of adopting this practice in the early period of the complaint, with the view of preventing suppuration and sloughing of the cellular membrane.]

WESTMINSTER HOSPITAL.

CASE OF CONCUSSION OF THE BRAIN, TREATED BY MR. GUTHRIE.

John Denman, ætat. 32, a bricklayer's labourer, was brought into this Hospital on Tuesday the 27th of May, at three o'clock in the afternoon, in a state of insensibility, having about half an hour previously, whilst standing upon a scaffold, been struck on the head by the handle of a machine. It is supposed that he was rather intoxicated at the time. Upon being placed in the Accident Ward, his head was immediately shaved, and there was then discovered a wound in the scalp about three inches in length, near the union of the parietal bones with the frontal, the bone was denuded of its pericranium, of about the size of a sixpence; the frontal branch of the temporal artery was bleeding profusely, but was soon stopped upon pressure being made upon it; there had also been considerable hæmorrhage from the left ear; the bone did not appear to be fractured in any part. The wound was brought together by strips of adhesive plaster. We saw him in about an hour afterwards; he could not answer questions; he still retained the use of his limbs; his pulse was full and hard, and his respiration was loud. In the evening he was bled to about twenty ounces, which seemed greatly to relieve him, and he was ordered to take some opening medicine.

28. Has passed a very restless night; he recovered his senses about four o'clock this morning; complains of much soreness and pain in his head, particularly across his forehead; his tongue is rather white and foul; bowels have been freely opened. Pulse to day about 80.

29. Slept rather better to night, and is more sensible to day, but he still complains of pain in his head; he also directed the attention of the surgeon to his right shoulder, which pained him a great deal. Upon examination it was found that the clavicle was fractured. Ordered to keep his bowels freely open; pulse 85.

30. Feels himself much better to day; the wound is nearly healed; still has a slight pain across his forehead; pulse 80.

June 2. He complains of rather more pain in his head than yesterday. Ordered to lose twelve ounces of blood from the arm; pulse 90.

4. Says that he is quite well and free from all pain in the head. The wound of the scalp is almost healed; his appetite is very good. He was discharged to day.

On Saturday last Mr. Guthrie performed amputation of the forearm, just above the wrist joint: it was the flap operation. The patient had been labouring under a disease of the hand for some time.

LONDON VETERINARY SOCIETY.

An adjourned meeting of Veterinarians was held on Tuesday, the 10th instant, at Mr. Youatt's, when a considerable number of respectable practitioners attended, for the purpose of establishing a Veterinary Society. Joseph Goodwin, Esq., in the chair.

The laws and regulations which had been prepared at a previous meeting, and circulated among the profession, were discussed, and finally adopted; and each member having subscribed his guinea, the Chairman announced that the Society was established, and the members present immediately proceeded to the election of officers.

It was the avowed object of several members, to place the Society completely under the guidance and especial patronage of Messrs. Coleman and Co., and his Non-Veterinary Examining Committee; while, on the other hand, the majority, consisting of independent and highly respectable practitioners, in the full hope of escaping the blighting influence of College domination, were startled at the proposition of placing at their head the very man whom they considered as the greatest enemy to liberal discussion. They attended for the purpose of establishing a free and independent Society of Veterinarians, and were surprised at the want of professional spirit in acknowledging, as Mr. Cherry said, that they could not take one step alone. The Secretary was provided with two letters from Mr. Coleman, in which (with the most gracious condescension) he declared himself ready to become their president, although *he must be excused from fulfilling the duties of the office.* His election was objected to by several, on the ground of Mr. Coleman's not being a member, and also because the Society had not offered him the office he had so precipitately accepted. In the course of much altercation, during which many reasons were given why he was not a fit

person to occupy the Chair, Mr. W. Goodwin moved, "That Professor Coleman be solicited to become their President," which, on the question being put, was negatived by the casting vote of the Chairman.

It being thus decided that the President must be a member, Mr. Percivall, senior, was proposed, but declined the honour. Mr. Joseph Goodwin was then proposed by Mr. Cherry, and seconded by Mr. Percivall, and, upon this nomination, Mr. Goodwin vacated the Chair, observing, that he wished the question to be impartially decided.

At this stage of the proceedings, when nothing remained but to put the question on this regular nomination; those who were for placing Mr. Coleman at the head of the society, evinced a determination to break up the meeting rather than suffer the ballot for Mr. Goodwin to proceed. It was then moved, "that this meeting do adjourn to this day week," which was carried in great confusion, more than half the members having left their seats. The object of this motion was to obtain time for Mr. Coleman to become a member, that he may be elected at a future meeting; but we shall be greatly surprised if this gentleman, however anxious for office and patronage, should risk the alternative of another ballot, or permit his name to be proposed, when a majority of the members have declared against him. Next Tuesday, at six o'clock, an interesting discussion is expected, and it is thought that an independent President being once elected, the success and utility of the society are certain.

Reduction of a Shoulder which had been Dislocated Seven Months.

Professor Smith, of New Haven, has recently effected the reduction of a dislocation, at more than seven months after the occurrence of the injury. The patient was a young woman, and the reduction was accomplished without the aid of pulleys.—*Phil. Journal of Med.*

On Single and Erect Vision, by Dr. Forster.

To the Editor of The Lancet.

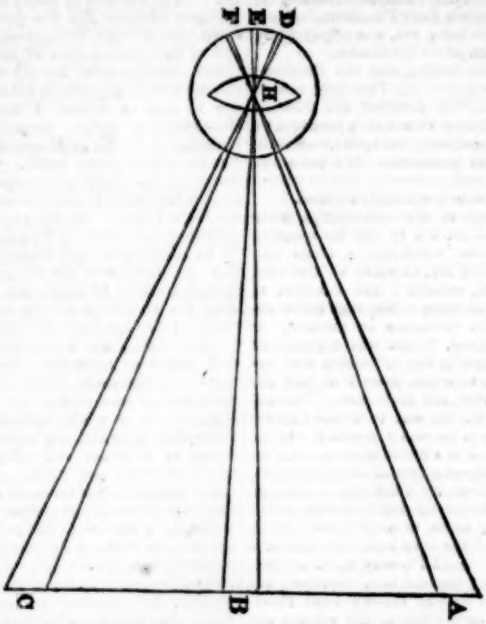
Sir,—The remarkable account of an anomaly in vision, described in your last Number, induces me to write a few observations on the subject, of which I shall beg your insertion. If the boy, (page 229,) whose case is described, saw the houses inverted, and standing on the roof, did their roofs appear to rest on the ground? If so, why did not the ground appear inverted also? And if it did, by parity of reasoning, we must suppose that the patient saw *all objects inverted*; and, in that case, there is an end of the phenomenon of *inversion* altogether; for that term implies the *version* or turning of some objects, in a direction opposite to that of others. I mention these circumstances, merely because they bear immediately on the great question now before the philosophical world. "*Why, with two retinæ, both receiving the impressions of external objects inverted, we have, nevertheless, Erect and Single Vision?*" In the paper on optics, published by the Society for promoting Useful Knowledge, no satisfactory account of this phenomenon is given; indeed, all the modern treatises on optics that I have seen, with the exception of one by Mr. Crisp, twenty years ago, have mis-stated the very question itself, and it has been no where well stated or answered; nor have any correct metaphysical views of vision been published of late, except the observations contained in a work, entitled "On the Perception of an external Universe," by the author of "Cause and Effect." In the former of these two works, page 403, are some observations on vision, of such a correct and truly philosophical character, that I am rendering a service to the public, and particularly to those who study optics, by pointing them out through your widely circulated Journal. I have read many modern works on the physiology and pathology of the eyes; but, with the exception of the German surgeon, Beer's, work, and of Mr. Lawrence's excellent lectures, recorded in The Lancet, I have found in them few new or philosophical observations on the laws and disorders of vision. Indeed, I have *nowhere* seen *this particular part of the subject*, viz. single vision, clearly developed, except in the work alluded to; nor indeed is that all that might be said on the subject. The truth is, that the deeply metaphysical question, *what is the cause of single and erect vision?* is not generally understood; and should nothing appear on the subject before-hand, I intend, as soon as I have time, to communicate some curious observations and experiments through your Journal, prefacing, at the same time, that they would not have been original discoveries of my own, had they not been suggested by the perusal of the work on the "External Universe," above alluded to. The subject involves some very curious considerations respecting "spectral illusions," so often produced by the reaction of the stomach on the brain, in cases of disease. And I shall be obliged by any communications of cases of this sort in your Journal.

Yours, &c.

T. Forster.

Chelmsford, May 27th, 1828.

ON VISION, BY THOMAS WILLIAMS, ESQ.



The writer having recently stated the position, that it is *not* necessary for the perfection of vision, that any peculiar adjustment should be effected in the organ of sight, for objects which are situated at different distances, or which subtend different angles at the eye; and deeming that he has succeeded in proving the same by decisive experiments, he will now proceed to show that this remarkable fact is strictly accordant with optical principles.

The object, represented by the line A B C, subtends a large angle at the centre of the lens H, and may be supposed to be situated beyond the point of distinct vision, and its image perfectly apparent on the retina. Now it is evident that the part of this object which subtends an angle at B, and the whole object A B and C cannot subtend equal angles: hence it may be imagined that as rays of light emitted from a minute object at B must pass nearly in a parallel direction through the pupil to form an image on the retina; that rays from the whole object A B and C must be much more converged, and a conflux or image form *nearer* to the lens. But it will require little reflection to detect the fallacy of such argument. If rays of light are transmitted nearly parallel through the pupil from a small part at B, then it is plain that rays from other parts of the object, as at A or C, which subtend the same minute angles, will take the same relative direction, and form images as F and D, the image of every part of the object A B C, being found on corresponding points of the retina. Then it is evident that if an object subtending a minute angle at the centre of a lens can form an image at its principal focus on the retina, a large object, being equally distant, will form its image on the same retina with the same *mathematical precision*. Thus if a minute object approach too near the eye for distinct vision, its image being virtually beyond the retina, a large object will become obscure *precisely at the same distance*, and *vice versa*: this will be found true on experiment. Then the following conclusion is warranted, both by optical theory and demonstrative fact: so far from a change in the refractive powers of the humours of the eye, or in the relative situations of the retina and crystalline lens, being ever absolutely essential to the perfection of vision in the perfect organ; every such *change*, however *produced*, or however slight in degree, must always be found proportionally detrimental,

A Case of Phlegmonoid Erysipelas, arising from the absorption of Sanies from an Ulcer, treated by Incisions. By J. Dill, M.D., London Fever Hospital.

To the Editor of The Lancet.

Sir,—Believing that the following case merits some attention, perhaps you will be kind enough to give it an early insertion in your pages.

Elizabeth Ayres, aged 62, night nurse in one of the male wards of the London Fever Hospital, was seized with erysipelatous inflammation of the left hand, upon the 22d of last month. About two weeks previously, a patient was received into the London Fever Hospital, in the last stage of typhus. In consequence of severe illness and protracted confinement, extensive sloughing had taken place, and a very large and unhealthy ulcer now existed over the sacrum. To dress and attend this ulcer fell principally within the department of nurse Ayres, and the discharge from it, which was exceedingly fœtid, acrid, and profuse, irritated, and gradually inflamed, some superficial fissures, which were situated upon and between the fingers of her left hand. The pain occasioned by this irritation was at first trifling, but the repeated application of the cause produced a daily aggravation of the symptoms, and the pain, swelling, and inflammation of the fissures were slowly communicated to the neighbouring parts. Several pimples had now appeared at some distance from the fissures; and, the threatening character of the affection warning the nurse to neglect and conceal it no longer, I was, for the first time, (23d) made acquainted with the accident.

The entire hand was much swollen, the skin covering it quite tense, the integuments upon the dorsum were very highly inflamed, and an erysipelatous blush was seen extending about half way up the ulnar edge of the forearm. She described the pain as excruciating, and, although constant in continuance, as variable in degree. At intervals, it was dull and obtuse; occasionally, it was sharp and lancinating. The lymphatics were easily traced, by their sensibility, along the interior of the arm, from the wrist to the shoulder joint, and the glands in the axilla were evidently enlarged and sensitively tender. Her pulse was 124, of good power; and a flushed face, white tongue, ardent thirst, anorexia, watchfulness, and headach, gave sufficient indication of the extent to which the general system had sympathised with the local malady.

Personal experience had taught me the malignancy of such affections, and that no time should be lost in trifling. Twelve leeches were immediately applied to the back of the hand, an active purgative was ordered, complete rest and abstinence enjoined, and antifebrile medicines largely administered. The leeches bled well, but produced little or no relief; the bowels were freely opened, the pulse stood steadily at 120, and the general symptoms remained unchanged.

Having experienced the excellent effects of the treatment by incisions, in a similar affection occurring in my own person, I at once resolved on practising it here. Two longitudinal incisions were accordingly made into the swollen integument upon the back of the hand; one on either side, and about an inch distant from each other; they were fully three inches long, and extended through the skin and tumid cellular membrane, so as to expose one of the subjacent tendons. Some arterial branches bled freely, and, as was intended and expected, the hæmorrhage was profuse, and only arrested by syncope, when more than twenty ounces of blood had flowed; a slight convulsive fit succeeded fainting, and the pulse fell to 96. A manifest alleviation soon marked every symptom, and little, beyond pain from the incisions, was complained of until evening, when an exacerbation occurred. Upon removing the poultice the cuts appeared red and irritable; the surrounding tumefaction, which had been much reduced by the operation, had returned; the pain was now not confined to the wound, as during the day, but extended to the entire hand, and shot up the arm; the temperature of the part was very high, and the pulse was 110, strong and incompressible.

V. S. ad. ℥xxv.
Repr. Haust. purg.
Acid. mixt. pro. potu.
Foment. c. catap.

24. Pulse 100, full and firm, but compressible; general surface less warm, and that of the hand much reduced in temperature; incisions look less irritable; tumefaction and pain greatly diminished; slept sound; four stools; face less flushed; slight headach; tongue white; considerable thirst; occasional vomiting; blood extremely buffy, and cupped.

V. S. ad. ℥xvj.
Repr. Haust. et catap.

24. Pulse 98, still of good strength, but easily compressed; blood much inflamed; flushing and headach gone; general surface cool; hand still less swollen, incisions look healthy, and are healing; glands in axilla are scarcely enlarged, but continue somewhat tender; lymphatics less sensible; erysipelatous blush up the interior of the forearm faded; slept little; no return of vomiting; thirst decreased; three stools.

Repr. Haust. foment. catap. et acid.

26. Pulse 102, full and excited; face somewhat flushed; rested badly; pain and swelling of hand increased; more thirst; tongue continues white; edges of incisions inflamed and thickened; some uneasiness in axilla; skin warm; three stools.

V. S. ad. ℥xvi.

Repr. Haust. foment. et catap.

27. Pulse 86, soft and quiet; skin cool, hand less swollen, and incisions have resumed their healthy aspect; three stools; thirst diminished, flushing gone, slept well, and on the whole she expresses herself quite easy.

The journal need not be continued further, as, from this period until the present, she has been uninterruptedly convalescing; the incisions are nearly closed, the tumefaction and redness have entirely disappeared, neither the axillary glands, nor subcutaneous lymphatics, are tender, and no more uneasiness is experienced in the hand than may be ascribed to the effect of the scalpel. Her tongue is quite clean, appetite returns, thirst has ceased, and to-day (June 2d) she has been, for the first time, liberated from confinement.

Before concluding, there are three observations which we wish to make, as inferences from the above history.

First: we think there can be no doubt, that the accident arose through the absorption of part of the discharge from the patient's ulcer. That the skin, when entire, can take up fluid in which it is immersed, especially if that fluid be of an acrid nature, we have many facts to show; but, although such an occurrence is denied by some, we apprehend that none will refuse functional power to the absorbents, when the cuticle has been ruffled or removed. In this instance, the skin being fissured, absorption was more speedily and easily effected, and the circumstances—of the fissures being first affected, of the inflammation extending from them, as so many centres, to the neighbouring texture; of the tenderness of the lymphatics, and enlargement of the glands—form a sufficient clue by which to arrive at the proper cause.

Secondly: when we consider the nature of the cause, the inveteracy of the symptoms, and the age of the patient, we have every reason to conclude, that death, or a very formidable and protracted illness, must have been the issue of a timorous and trifling treatment. We are not prepared, in this instance, to maintain, that specific fever would have been kindled up by the absorption of virus from a fever-patient; but we believe and know that such cases have occurred; and that, although the topical affection was at first predominant, and awoke the constitutional symptoms, the local malady gradually subsided, leaving the general disease in undivided possession of the system. It is, indeed, a point uncertain and unsettled, whether fever, like small-pox, can be imparted to the system through the medium of the external skin; and whether matter, thus absorbed, would communicate a fever of the same type and character with that under which the patient laboured from whom it was taken; but there are many facts in favour of such a doctrine, and, whether it be correct or otherwise, it cannot be disputed, that accidents, like the present, are accompanied by as malignant febrile symptoms, and attended with as much danger, as the most marked forms of putrid typhus.

Lastly: although the scalpel required the aid of the lancet to effect the cure, the relief obtained from the incisions was as great as it was sudden. The tumefaction and temperature were almost instantly reduced, the tenderness and tension were effectually relieved, and the abatement of all the symptoms for several hours encouraged the hope, that nothing more was necessary than to enforce with vigilance, abstemiousness, and quiet. Had not the scalpel been first employed, I doubt much, whether the advanced age and debilitated constitution of the woman would have sanctioned such a vigorous application of the lancet, as would have been required to subdue the local action; but, admitting that such treatment might have proved successful, I am certain that much time, strength, and suffering, were saved by the plan adopted. Nearly one hundred ounces of blood were abstracted before the inflammation was overcome; and, as one-third of this quantity was taken immediately from the seat of disease, it is natural to conclude, that a more immediate and permanent impression was thus made upon an old and weakened constitution, at a smaller expense, than if double the amount had been drawn from the general circulation. The disease was obviously arrested by the incisions; the strength of the inflammatory action was broken by the activity of the hæmorrhage, and the lancet was taken up, more with the view of *completing* than *accomplishing* a cure.

London Fever Hospital,
June 2, 1826.

ABUSES AT ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Allow me to beg a small space in your valuable columns for the insertion of a few remarks respecting the dressers of St. Bartholomew's Hospital, and the manner

in which their duties are regulated and superintended by their respective surgeons.

Go into any of Mr. Lawrence's wards, and at the bed's-head of every patient you will see the disease well named, and the treatment of that disease as fully and well recorded; or go round with Mr. Lawrence, and you will have the advantage of good clinical instruction. By his desire a book is kept by the dressers, wherein is noted the admission of every patient, together with the name of the disease, &c., so that every dresser has a patient in his proper turn, and by these means are they fairly and equally divided. Frequently are the dressers desired by Mr. Lawrence to write out cases, which cases, when written out, he himself looks over and corrects; this is as it ought to be; this is worth paying for, and is the duty of a surgeon towards those pupils who have paid him for their instruction.

And now contrast the conduct and regulations of the other two surgeons, of Mr. Vincent and Mr. Earle, of Mr. Vincent more particularly; he scarcely ever names a disease, or sees that it is properly named on the patient's board, nor does he appear to care whether the treatment is properly or improperly recorded; indeed, Mr. Editor, the boards of Mr. Vincent's patients are so made up of ignorance and absurdities, that they are a disgrace to the dressers, as well as to the surgeon. Seldom or never does Mr. Vincent attempt to give any thing in the shape of clinical instruction, and hardly ever have I heard him order a case to be written out in the ward-book by a dresser, and most certainly never did he review one written there; this, I think, he will be in no great hurry to deny, should he deign to look over some which are therein recorded.

Now really, Mr. Editor, I must say that considering the enormous fees which are paid to the surgeons by the dressers, I think a little more attention might be paid by Mr. Vincent to their instruction.

There is another thing I also wish to notice: the post-mortem examinations are conducted now entirely at the convenience of the house-surgeons. Why might there not be a regular hour for this business? Who are the house-surgeons, that their advantage and convenience should alone be studied? And as to Mr. Vincent being present at any of these examinations, and explaining the effects of disease to the pupils, upon my word he never does such a thing, but is ever content with inquiring of the house-surgeon what he has found.

I am, Sir,

Your obedient and humble servant,

A Pupil of St. Bartholomew's.

June 4th, 1828.

CASE OF PHLEGMONOUS ERYSIPELAS,

Successfully treated by Antiphlogistic Measures.

To the Editor of The Lancet.

Sir,—Contemplating on the difference of opinion that at present exists in the profession, regarding the proper plan of treatment to be adopted in erysipelas, and, at the same time, reflecting on the very excellent and practical paper lately written on that disease by Mr. Lawrence, it occurred to me, that a short statement of a case in which the antiphlogistic treatment was pursued with complete success, would not be altogether unacceptable; indeed, I conceive the important point contended for, viz. that of treating the disease antiphlogistically, as any other inflammation, can only be decided by experience; I therefore shall offer no further apology, for requesting the insertion, in your valuable Journal, of the following hasty account of a case, which has recently come under my observation.

I am, Sir,

Your obedient servant,

C ——.

London, May 25, 1828.

D. Monk, a stout brewer's man, about thirty-six years of age, states, that on the 24th of April last, as he was driving down Chancery Lane, he fell from his dray, and his head was *jammed* between the curb-stone and the wheel; that he was taken up in a state of insensibility, conveyed to St. Bartholomew's Hospital, and placed under the care of Mr. Lawrence: he adds, that soon after his arrival at the hospital, he recovered his senses, then found that his face and head were very much swollen; that there was a severe cut on the right upper eyelid; that his nose, on the left side, was very much cut; and that the bones of his nose appeared to be driven in; his right arm was also very much bruised and swollen; he was bled, &c. &c., and, on the 5th of May following, he felt himself so much recovered, and, at the same time, feeling anxious to be at home with his family, he asked for his discharge, which was granted.

On the 8th instant, three days after his discharge from the hospital, I was requested to see him, when I found him labouring under a most severe attack of "erysipelas phlegmonodes" of the head and face, accompanied with stupor, and great difficulty of respiration; his tongue was white, and very much furred; pulse 120, and full; and he complained of excessive thirst. On examining the upper eyelid, I found that the wound was not quite healed. On being asked whether he had exposed himself to

damp and cold since his return home, he said that he came from the hospital on the outside of a stage coach, which he fancied had given him cold.

I immediately took from the arm twenty ounces of blood; after which, he said he felt much relieved. I then gave him calomel, combined with cathartic extract, afterwards nauseating doses of tartarised antimony, and applied an evaporating lotion to the head and face.

9. Blood drawn yesterday was cupped, and had a buffy appearance; erysipelatous inflammation somewhat lessened; stupor less; respiration more free; pulse 110, and rather full. I took sixteen ounces more blood from the arm, which had not so much of the inflammatory appearance as the blood first drawn; the antimonial medicines, combined with Epsom salts, were continued with the cold applications.

These remedies were persevered in, with some alteration as to the strength of the medicine, and its frequency of repetition, as the inflammation abated, in conjunction with leeches to the forehead, and a blister to the nape of the neck until the 23d inst., when he was perfectly free from the disease.

Although this man was very much reduced, from the remedies that were necessarily employed during the time he was in the hospital; notwithstanding, he bore the further loss of blood astonishingly well, and was wonderfully relieved by it; and I do most sincerely think, that if he had been treated by stimulants, his life would have been sacrificed.

HOLE AND CORNER SURGERY IN LONDON AND THE COUNTRY.

To the Editor of THE LANCET.

SIR,—Knowing your impartiality, and readiness to give publicity to every thing which in your opinion may seem fit, I beg leave, through your valuable Journal, to make a few remarks on the present illiberal and petty laws or regulations which are attached to the different infirmaries throughout the kingdom. You must know then, Mr. Editor, that the surgeons, whom the public have been pleased to elect, have it in their power to perform their operations almost *solus*, that is, with the exception of their colleagues, and that when an operation offers itself which requires more than ordinary skill, such a man of course would be wishful to have as few present at the operation as possible; especially if he be a man whose knowledge of anatomy is as scarce as the medical men attending the performance of the operation. We know, generally speaking, that the public are the instruments by which a medical practitioner enters upon the important duties of a public institution; and it does not always happen, much to be regretted, that the best informed men are fixed upon; and of this we are not to wonder when we consider that the public are the judges, and their verdict is often given with partiality and without that consideration which it calls for. I do not see why an infirmary should not be conducted on more liberal principles, something more becoming the liberality of the medical man, and not like the close-fisted miser. In any of our metropolitan Hospitals, I believe, without a single exception, the operations may be seen by those who choose to go,* and there Surgeons are continually liable to censure for the least mistake which they may be guilty of; and as this is one way towards making the surgeon pay that attention to the best performance of all operations, I think we may consider it on those grounds alone one of some value, and I think the same remark may equally apply to the country practitioner.

I have, myself, been an eye witness to the performance of operations which would have been laughed at by some of our forefathers; a disgrace; in fact, if you will allow me the expression, *man-slaughter*; how can it be borne to see men of this cast figuring away with all the pomp of Æsculapius. I feel persuaded, Mr. Editor, that if the doors of these institutions were thrown open, that these said *cut-throats* would be ashamed of themselves, and would, from fear of exposure, resign gown and all; but so long as these places remain private, so long will these men bear the palm; not to say but there are some of them who would not disgrace the operating theatre of our London Hospitals.

I also consider that as these places are for the benefit of the public, the public ought to receive that profit, and do not the excluded medical men form a portion of that public! There are many practitioners who have not the good fortune to be acquainted with these *liberalists*, and therefore must content themselves with looking at the exterior of these wise men's mansions.

If the above remarks meet with your views, Mr. Editor, make what use you think proper of them.

I am, yours,

A SUBSCRIBER.

May 15th, 1828.

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* This is not correct. There is not a hospital or an infirmary in London, conducted on such liberal principles.—ED. L.

PORTRAIT OF MR. HEADINGTON.

To the Editor of THE LANCET.

SIR,—The great service your publication has rendered the profession generally, in exposing the torpidity of its public servants, has induced me to ask Mr. Luke, through the medium of your valuable Journal, to inform me, and the rest of the subscribers, what has become of the picture of R. C. Headington, Esq., and when the prints will be delivered to the one and two-guinea subscribers? It is about six years since I paid my subscription. By inserting the above, you will oblige

A CONSTANT READER OF THE LANCET, AND AN OLD SUBSCRIBER FOR A PRINT.

London, June 8, 1828.

STRANGULATED HERNIA.—TOBACCO ENEMA SUCCESSFULLY EMPLOYED.

By J. A. IRVINE, *Esq., Bermondsey Square.*

T. EDWARDS, a porter, had been affected with reducible inguinal hernia for about sixteen years previously to the 6th of November, when, on returning from work in the evening, he found the rupture suddenly descend. When seen by Mr. Irvine on the following morning, he found a tumour of the size of a double fist, which was painful on pressure, the tenderness extending along the spermatic chord. The abdomen generally was tender, and also tense. Sickness, constipation, occasional hiccup, and frequent eructations, were prominent symptoms; the pulse was 82, strong and hard. The warm bath, bloodletting, and the taxis, were employed without benefit; cold applications to the swelling somewhat reduced its size and lessened the tenderness.

Throughout the two following days, the 8th and 9th, the constitutional symptoms remained unabated, and the tumour unreduced. On the evening of the 9th, it was determined to administer a tobacco enema, which, having been done, the intestine was returned in the course of ten minutes after the tobacco had produced its effects on the system. The infusion was used in the proportion of half a drachm of the herb to a pint of water; the whole was thrown up.

The patient went on favourably, and was speedily enabled to resume his usual employment.

STRANGULATED HERNIA.

Operation successful on a Man 72 years of age.

By J. TROUGHT, *Esq.*

THE subjoined case affords a remarkable instance of constitutional vigour in a rustic, who had exceeded the "natural" age of man. It presents a striking contrast to the enfeebled and shattered constitutions which the surgeon in London has to deal with.

CASE.—John KNOX, a nail-maker, 72 years of age, had been subject to inguinal rupture of the left side four years, when, on the 3d of May, the hernia suddenly came down, and became strangulated. Bloodletting, and the subsequent use of the taxis, were had recourse to without effect, and on the following morning a tobacco enema was administered, with a like want of success. Mr. Trought then proceeded to the operation, and, upon laying open the hernial sac, found a knuckle of intestine, which was returned without difficulty.

When Mr. Trought visited the patient on the following day, to his great surprise he found the man sitting by the side of the fire, dressed, and apparently ailing nothing. It is important to mention, that an old nurse had administered a large quantity of yeast prior to the operation, and after its performance, when an injection was used, free evacuations from the bowels were speedily obtained. Four days after the operation, Mr. Trought found the man at work in his shop, and, to use his own expression, "as well as ever he was in his life." He had been an extremely free liver, and, in fact, subject to great excesses.

CASE IN WHICH LABOUR OCCURRED AT THE SIXTH MONTH OF PREGNANCY, THE CHILD STILL LIVING.

By JOHN GREENING, *Esq., Worcester.*

Mrs. ——, a woman of spare habit, thirty years of age, on the 27th of June, 1827, complained of acute pain in the lumbar region, increased on inspiration, or upon motion. She had not menstruated for five months, and was confident that she was in a state of pregnancy. She had laboured under palpitation of the heart for several years, on which account blood was abstracted from the arm on several occasions.

On the evening of the 29th of June, after having been present at the labour of a neighbour, the patient was attacked with violent pain in the abdomen. Blood was taken from the arm, and a dose of laudanum exhibited. Early on the following morning, a fœtus was expelled, and the placenta, at the same time, thrown into the vagina.

Both the mother and the child did well; there was a free secretion of milk, and the infant took the breast on the fourth day after delivery.

ON THE NATURE AND CURE OF STAMMERING.

Dr. M'Cormack, of New York, has recently drawn attention to the nature and cure of stammering. He says that the cause is not only easily understood, but capable of being removed with the utmost facility, and gives the following (not new) exposition :—

During the act of speaking, air must either be passing *out*, or passing *into* the lungs—or, at all events, out or into the mouth—that is, during expiration or inspiration. Most people (who have a perfect command over the organs of speech) can articulate imperfectly and with difficulty during *inspiration*—but not so the stammerer. In attempting to speak, while *drawing* in the air, or while the lungs are empty, or nearly so, *he* will not be able to articulate at all; and not knowing the cause of this inability, he will make repeated, and often convulsive efforts, accompanied with more or less of those hideous distortions of countenance so characteristic of the stammerer, until, by accident, rather than by design, he draws in a full breath, and effects the utterance of his words, while the air is flowing naturally *from* the lungs. I repeat it then, that *stammering arises from an attempt to speak when the lungs are empty, or when the stammerer is drawing in his breath.* This habit having been once contracted, generally becomes aggravated by time; and thousands of individuals are almost cut off from social intercourse, and rendered miserable by the impediment.

From these premises, the method of cure will be easily understood. It consists in making the stammerer (if a child, for an adult can do it himself) take in a deep inspiration, and repeat, with the whole force of the *expiration*, the different letters of the alphabet—numerals—monosyllables, *one by one*. This may be prefaced or not, by several hours' practice of slow and deep breathing. As for the repetition of the monosyllabic pronunciation, it must be continued for hours, days, or weeks, according to the condition of the patient, such as his age, capacity, strength of lungs, or inveteracy of the impediment. The stammerer must next proceed to the utterance of polysyllables, *during one expiration*—then short sentences—and, lastly, long sentences; thus reversing, in fact, the evil habit, until, at length, a new habit is acquired, and the cure effected. In some cases, this desirable object will be accomplished in a few hours; in others, it will require months. In general, a few days, or at most, weeks, will be sufficient.

SUBSCRIPTIONS

ALREADY RECEIVED FOR THE DISTRESSED MEDICAL GENTLEMAN WHOSE MISFORTUNES WERE ALLUDED TO IN OUR LAST NUMBER.

	£.	s.	d.
Mr. Abernethy	3	0	0
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Edward Stanley, Esq...	1	1	0
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Edward Barlow, M.D.	5	0	0
A. C.	2	2	0
The Lancet	3	3	0

TO CORRESPONDENTS.

Communications have been received from Dr. T. Woodforde, Taunton—Mr. Merchant—Mr. Dick—Hygeiaphilos—D., Bath—Dr. Ryane—Dr. Forbes—J. A.—Medical Student—M. B.—J. C. D.—A Pupil of the Webb Street School—Dr. Romeyn Beck, New York—Chirurgicus—Mr. Joseph Curtis—Dr. Lyall—Virginian—Subscriber F.

Mr. Wansbrough's paper shall be inserted, wholly or in part, in our next Number.

"An Abhorrer of Humbug" is deceived.

The paper forwarded by "J. A." treats of a case which occurred in *private practice*; consequently we cannot publish it in this Journal.

On the subject of Mr. Bransby Cooper's operation, we must be excused for saying more, than that Mr. B. C. has commenced an action against us, and we have pleaded a justification. We hope and expect that both Argus and the public will profit by the result of the trial.

In last week's Lancet, at page 299, left hand column, 6th line from the top, for "*dis*connexion" read connexion.